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THE MEANING OF INCEST: A PHENOMENOLOGICAL STUDY

University — Université

UNIVERSITY OF ALBERTA

Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

MASTER OF EDUCATION

Year this degree conferred — Année d'obtention de ce grade	Name of Supervisor — Nom du directeur de thèse
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The Meaning of Incest: A Phenomenological Study

by

Diane Marie Lépine

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF Master of Education

IN

Counseling Psychology

Department of Educational Psychology

EDMONTON, ALBERTA

Fall, 1985

THE UNIVERSITY OF ALBERTA

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Date September 30, 1985

To Ken, my best friend, for helping to restore my love of learning.

Abstract

Given the frequency of occurrence of incest and its negative effects, there is a growing recognition of the need to understand the phenomenon and the meaning it holds for the persons who have experienced it. Using a phenomenological approach with a feminist perspective, this study sought to explore the meaning of incest for women with a childhood experience of sexual abuse. To this end, 11 co-researchers were interviewed, using a semi-structured interview schedule developed by the researcher. All interviews were tape recorded. The resulting data were analyzed using a phenomenological method proposed by Colaizzi (1978).

The resulting data indicated that the co-researchers found their experience of incest to be negative. Whether negative or positive, the coping strategies which they adopted to deal with their experiences, as well as with the feelings arising from those experiences, were both effective and ineffective. The incest experiences led to long-term consequences for which the co-researchers sought professional assistance. The co-researchers felt that their incest experiences were not completely resolved and could not be completely overcome.

It was concluded that the effects of incest are damaging to women having experienced it. Further, the importance of suitable counseling services for incest survivors was demonstrated, as well as the need for sex education for children. Implications for psychological theory and for counseling women were discussed.

Acknowledgements

I wish to thank the many people who gave me encouragement in all stages of this project. First, I am grateful to my examining committee: Dr. Rosemary Liburd (Chairperson), for supporting my choice of topic and approach, and for carefully editing each chapter;

Dr. Dallas Cullen (External Examiner), for her support and constructive criticism;

Dr. W. H. O. Schmidt, who fostered my interest in the phenomenological method and whose respect for ideas inspired me.

I also wish to thank the following people who were very helpful to me:

Ms. Jane Karstaedt, Executive Director of the Sexual Assault Centre, for helping to revise the interview schedule and for providing names of participants for this project;

The two psychologists, who also provided names of participants. In order to ensure anonymity for the participants, the two psychologists can not be credited publicly;

Dr. Cheryl Malmo, whose encouragement and practical support helped me to persist when difficulties were encountered;

Ms. Sandy Boychuk, who quickly and carefully typed the final draft.

As well, I wish to thank my co-researchers, whose courage and strength shine through the pages of this study: Carol, Sandie, Jayzze, Shelly, Ghislaine, Kate, Isobel, Susan, Sylvia, Claudette, and Danielle.

Finally, I would like to thank my mother, Jeanne Lépine, for instilling in me a love of learning and for believing in me; and my best friend, Ken Dickson, whose constant encouragement and practical assistance helped me to start at the beginning and go to the end.

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I. Introduction

A. Incest: An Overview

Incidence. Variously named the last taboo, broken taboo, or conspiracy of silence, incest is a phenomenon which permeates the lives of a great many individuals, the majority of them female. Although the true dimensions of incest are unknown, research indicates that incest "has occurred and does occur with much more frequency than has ever been estimated" (Courtois & Watts, 1982, p. 275). After examining the results of five surveys on the sexual abuse of female children carried out between 1940 and 1978, Herman (1981) writes that "between four and twelve percent of all women reported a sexual experience with a relative, and one woman in one hundred reported a sexual experience with her father or stepfather" (p. 12). She suggests that these estimates may be somewhat low when applied to the general population, since minority and poor women were largely unrepresented in any of the surveys. A Canadian estimate (Bagley, 1984) places the incidence of incest at five percent of all females.

Definition of Incest. In Part IV of The Canadian Criminal Code entitled Sexual Offences, Public Morals, and Disorderly Conduct, incest as well as other sexual assaults are defined. "Everyone commits incest who, knowing that another person is by blood relationship his or her parent, child, brother, sister, grandparent or grandchild, as the case may be, has sexual intercourse with that person" (Section 150). Any other form of sexual abuse within the family would ostensibly come under the title Indecent Assault of a Female (Section 149). (It is interesting to note that while for rape, the maximum sentence is life imprisonment, a person committing incest is liable to imprisonment for a maximum of fourteen years.) Illicit sexual intercourse with a stepdaughter, foster daughter, or female ward comes under the section Employee (Section 153) and the male person is liable to imprisonment for two years. As can be seen, then, there are obvious ambiguities within the law. According to The Canadian Criminal Code, incest specifically involves sexual intercourse. However, psychologists, social workers, and psychiatrists have a working definition of incest which is more comprehensive: "Incest is any sexual activity--intimate physical contact that is sexually arousing--between nonmarried members of a family" (Justice & Justice, 1979, p. 25). Such a definition usually includes stepparents and foster

parents in its description of family and considers incest a continuing activity rather than a single act.

Inherent in the legal definition of incest is the belief that illicit sexual intercourse is the most damaging form of assault on a female person and hence, the most reprehensible. While there is some evidence to indicate that incest involving intercourse is the most traumatic, Justice and Justice (1979) write that "nonintercourse incest seem[s] to have just as serious an outcome" (p. 202). It would appear, then, that the stringency of the punishment meted out by law does not depend on the severity of the trauma experienced by the victim, but rather, reflects the still-extant conception of women as sexual property.

Historical Reasons for Incest Taboo. Although what constitutes incest has differed substantially according to time and place, there seems to be a universal cross-cultural prohibition of incest (Herman, 1981; Rist, 1979). That is, the incest taboo is universally seen to have a purpose. Historically, incest laws were concerned with keeping persons related by blood or marriage from marrying each other. This allowed for the establishment of a system of exchange. Women through marriage constituted the most basic exchange, from which flowed all other exchange of goods. Hence, a network of alliances was formed and the development of society ensured by the shift of dependency from family to community (Justice & Justice, 1979; Rist, 1979). Justice and Justice (1979) write that, historically, the incest taboo also contributed to the economic welfare of families as, for example, in colonial America. In order for the family to operate as an economic unit, it was necessary for nonmarried members to produce goods and not serve as marriage partners or providers of sexual gratification. Sex between nonmarried members of a family would have disrupted the cooperation needed for successful family functioning. Other possible factors which helped shape the incest taboo were the biological effects of inbreeding, as well as superstition.

Present-day Reasons for Incest Taboo. Examination of historical reasons for the incest taboo has either led to their largely being disproved or invalidated. For instance, human survival is no longer in jeopardy if alliances between families are not forged, nor is it necessary for the members of a family to work together as an economic unit. Although there is some evidence of the deleterious effects of inbreeding, Rist (1979) writes that other theorists do not accept the inevitability of harmful effects from incest. Most

superstitions concerning incest, such as the belief that it caused crop failure, have lost their potency, as well.

In spite of the fact that the original reasons for the incest taboo no longer apply, there are present-day reasons for its continued existence. The reasons revolve around the right of the child to healthy development, untrammeled by problems due to sexual misuse. Finkelhor (1979) discusses the problem of sexual abuse from the point of view of ethics and feels that the issue of children's rights is more powerful than other reasons for the incest taboo, such as those dealing more specifically (and more narrowly) with the aspect of physical abuse in sexual misuse. Within the family, sexual activity between unmarried members can arouse passions and incite jealousies which interfere with the child's rights and needs. These are, both the need and right to be protected and to gradually become individuated. This is not to say that physical consequences due to sexual abuse of children are negligible. Florence Rush (1980) lists various health problems which are almost always due to adult sexual contacts with children: "cases of rectal fissures, lesions, poor sphincter control, lacerated vaginas, foreign bodies in the anus and vagina, perforated anal and vaginal walls, death by asphyxiation, [and] chronic choking from gonorrheal tonsillitis[. . .]" (p. 6). She also discusses the occurrence of genital gonorrheal infection as a result of adult-child sex.

Pro-incest Groups. Despite the strength of the incest taboo, in recent years resistance to the taboo has begun to manifest itself. As mentioned above, historical reasons for the taboo have, for the most part, been invalidated. This has led certain persons to favor dispensing with the taboo completely. As De Mott (1980) writes, this group either promotes the "entirely remarkable [concept] of 'positive incest'" or at least feels that incest need not be entirely negative. It is the guilt about breaking the taboo that causes problems, the pro-incest lobby feels, not the incest itself. Indeed, there are even groups that "recommend incest and believe parents should masturbate their child because 'a lack of premarital sex leads to divorce, drug abuse, crime and suicide'" (Justice & Justice, 1979, p. 167). One such group, the René Guyon Society, believes in "sex before eight or else it's too late." Justice and Justice (1979) point out that the Society neither presents valid evidence to support its contention, nor does it refute the many studies showing the negative effects of incest.

Consequencess of Incest. Pro-incest lobbyists notwithstanding, the general consensus is that an incestuous relationship is deleterious. The Last Taboo and Incest: The Victim Nobody Believes are two films dealing with the consequences to the daughter, of incest. Both films contain interviews with actual victims who describe the effects of incest on their lives. In recent years, as well, several women have published accounts of their experiences of incest (Allen, 1980; Armstrong, 1978; Bass & Thornton, 1983; Brady, 1979; McNaron & Morgan, 1982). Researchers and therapists (Butler, 1978; Courtois & Watts, 1982; Herman, 1981; Justice & Justice, 1979; Meiselman, 1978; Rist, 1979; Rush, 1980) also discuss consequences of an ongoing incestuous relationship. There is role confusion within the family, which leads to the family not operating as it should and not serving the needs of its members. The daughter frequently carries a great deal of guilt, is depressed, and has low self-esteem. She feels uniquely different and distrusts everyone. Problems with sex emerge, either in the form of promiscuity or sexual dysfunction. Self-destructive behavior often ensues, including obesity, drug and alcohol abuse, as well as prostitution and suicide. From a recent study of prostitutes, Barry (1979) quotes the following: "Prior to entering prostitution, 80 percent had been victims of physical or sexual abuse (37 percent incest / sexual abuse in the home, 33 percent physical abuse, and 60 percent rape)" (p. 101). As well, bitterness and anger coupled with the lack of an appropriate parenting model will sometimes lead an incest victim to treat her own children abusively. Gross (1979) and Goodwin and Simms (1979) ascribe hysterical seizures in adolescent girls to incest.

Summary. The general consensus among researchers is that a childhood experience of incest is deleterious. Because of the frequency of incest and because of its negative effects, there is growing recognition of the need to understand the phenomenon and the meaning it holds for the persons who have experienced it.

B. Purpose and Organization of the Study

The purpose of this study is to investigate the meaning women attach to a childhood experience of incest. My interest in this subject has developed through extensive reading and through speaking with women who have experienced incest. I have often found a discrepancy between the meaning women ascribe to their incest experience

and that ascribed to it by others. This discrepancy seems to arise when investigators or therapists "begin with experience as it is already analyzed prior to and in advance of experience" (Romanyshyn, 1978, p. 23). In this study, an attempt will be made to explore the personal meaning of incest. It is expected that the specific meanings women give to their incest experiences will differ, although general themes will emerge.

This study will consist of the description and analysis of data obtained from semi-structured interviews with 11 female incest victims. Chapter II will present the methodology to be employed. A brief description of the approach and perspective, as well as the research procedure will be presented. This study will utilize a phenomenological approach and a feminist perspective. The research procedure will include descriptions of the participants or co-researchers; the interview schedule; the interview procedure; and the method of analysis. Chapter III will present a description of the meaning of incest for each of the 11 co-researchers. Chapter IV will consist of the analysis of the meanings of a childhood incest experience. In this chapter, emergent themes will be presented. Chapter V will discuss the findings of the study in the context of related research and will discuss its limitations. Chapter VI will draw conclusions and state implications for research and for counseling women.

C. Definition of Incest to Be Used in Present Study

In this study, incest is defined as "any sexual activity--intimate physical contact that is sexually arousing--between nonmarried members of a family" (Justice & Justice, 1979, p. 25).

II. Methodology

A. The Phenomenological Approach

The main purpose of the present study was to discover what the experience of incest meant for women who had experienced it as children. It is the subject matter which should determine the method rather than the other way around (Romanyshyn, 1978). The procedure required for the present study was one which could tap the meaning of the phenomenon being studied, namely, incest. Since questions of meaning can best be investigated using a phenomenological approach (Giorgi, 1970), this method was selected.

The phenomenological method seeks to understand phenomena such as meaning, intentionality and experience, which cannot be investigated by the more traditional, experimental approach. In the phenomenological approach, descriptive and reflective techniques are used in an attempt to study human experience as it is experienced (Valle & King, 1978). As Colaizzi (1978) writes, there is no such thing as the phenomenological method. Rather, the particular phenomenon being investigated together with the aims and objectives of the researcher determine the particular descriptive method which will be devised. In the present study, the phenomenological method consisted of semi-structured interviews intended to evoke the meaning, for women, of their incest experience. The resulting data were analyzed using a phenomenological procedure proposed by Colaizzi (1978), which will subsequently be described at greater length.

The phenomenological method requires that the researcher be aware of her presence in her own research. Because of her assumptions, presuppositions, and biases, the researcher will inevitably influence the outcome of her investigations: the ideal of presuppositionless, totally unbiased research is considered to be unrealistic and impossible to achieve (Giorgi, 1970; Rosenthal, 1966). Whereas the experimental approach attempts to control for researcher bias, the phenomenological stance, in contrast, includes the presuppositions and biases into the research itself and considers them part of the data. As such, they must be examined as closely and elucidated as thoroughly as possible. One of the major assumptions in this study was that the effects of incest are deleterious to women having experienced it, whether sexual intercourse has taken place or not. Another basic assumption was that the best explanation for the

occurrence and perpetuation of incest is offered by a feminist perspective, a point which will be discussed more fully in the following section.

B. The Feminist Perspective

Of the several perspectives from which incest can be viewed, psychoanalysis was one of the first to examine the phenomenon and attempt to account for it. The psychoanalytic perspective has been extremely important because of its historical and continuing influence on attitudes and beliefs toward incest. Historically, victims have been disbelieved or blamed for its occurrence. For instance, several of Freud's female patients related to him childhood experiences of sexual abuse, usually at the hands of their father. At first, Freud believed his patients. However, when it became evident that "incest was not a rare abuse, confined to the poor and the mentally defective, but was endemic to the patriarchal family" (Herman, 1981, p. 9), he falsified his incest cases. Not only did Freud summarily dismiss what his female patients confided in him, but several of his followers continued to do the same when their clients reported incest. In the 1930s, Doctors Bender and Blau considered the possibility that "the child[ren] might have been the seducer[s] rather than the seduced" (Rush, 1980, p. 183). This, they reasoned, was because the children studied were unusually attractive and did not seem particularly traumatized by their experience. Even now, more than half a century later, professionals continue to disbelieve or blame victims for their experience of incest.

The psychoanalytic perspective on incest has held sway for many years. Increasingly, however, it is being criticized, primarily by feminist writers and therapists whose chief criticism centers around the failure of psychoanalysis to account for the effects of acculturation on women (Herman, 1981). For instance, no acknowledgment has been made of the power differential between women and men, and between adults and children, that exists within a patriarchal society. When incest occurs, the psychoanalytic approach holds the girl equally, if not more, responsible for the incident: this implies equal power and responsibility of adult male and female child. Clearly, this does not accurately reflect the existing balance of power within families (Lips, 1981). Just as the power differential between women and men is disregarded, so is very little account taken of the socialization of children into seductive behavior (Herman, 1981). Rather, such behavior has

been considered inherent to their biological nature and responsible for the occurrence of incest. That there in fact were and are children who could be considered seductive has not been contested by feminists. What the latter wish to point out, however, is the reason for the existence of such behavior--it has been taught and reinforced, and almost always by the perpetrators of the incest. It is not seductive children, therefore, who are responsible for the occurrence of incest, but rather, inappropriate sexual encounters which engender seductive behavior in children. Since the psychoanalytic perspective has tended to either disbelieve or blame women who have experienced incest, psychoanalysis is not considered the therapy of choice for them: "instead of helping women, [it] functions primarily as a mechanism of social control, preserving the status quo and protecting the patriarchal structure of our society. . ." (Sturdivant, 1980, p. 66).

Another perspective from which incest can be examined is that of the dysfunctional family model. In their book The Broken Taboo, Justice and Justice (1979) look at the possible causal and maintenance factors operating within an incestuous family, based on their work with such families. The authors contend that "the basic issue in incest is not sex but rather, the need for closeness, nurturing and stimulation" (p. 29). When a family is faced with social stress and rapid and excessive change, these needs are no longer met by the appropriate family members and the possibility of incest increases. Some of the social stresses found to impact the family are those related to modern-day mobility: the impermanence of relationships, which makes close human contact difficult and social isolation increasingly common. As well, the sexual climate of the times seems to permit, if not encourage, all forms of sexual expression. For instance, Kreps (1982) quotes Dr. Bat-Ada, a researcher in mass media, as saying that the media "have moved into an acceptance of pedophilia, and are progressing very rapidly toward the endorsement of incest" (p. 10).

Several researchers consider the dysfunctional family model to be unsatisfactory in explaining incest, as well as inadequate in terms of its implications for treatment. First, it does not take into account "a social milieu where male sexual power over women and children is institutionally integrated" (Rush, 1980, p. 14). Further, the model reinforces the usual strategy of blaming the victim, wife, or mother (Herman, 1981). This is often seen in family therapy where, although the offender must accept responsibility for his own

behavior, the woman is expected to acknowledge her complicity in the incest and the daughter to discover that she was not entirely helpless.

The phenomenon of incest can be understood by yet another perspective, that of feminism. The feminist approach stresses the importance of the effects of sociocultural factors on the onset and maintenance of incest. Although other perspectives have considered various environmental factors in their examination of incest, the feminist perspective is unique in its view of the etiology and perpetuation of incest in terms of a larger social matrix, that of patriarchy. Patriarchy is

> the power of the fathers: a familial-social, ideological, political system in which men--by force, direct pressure, or through ritual, tradition, law, and language, customs, etiquette, education, and the division of labor, determine what part women shall or shall not play, and in which the female is everywhere subsumed under the male. (Rich, 1976, p. 40)

It is patriarchy which best explains the fact that most perpetrators of incest are male and most victims female (Herman, 1981). If incest was simply due to the effects of sociocultural factors such as stress and excessive change (as is proposed in the dysfunctional family model), then one would expect the number of female offenders to more closely approximate that of male offenders. However, this is not the case: in our culture, the majority of offenders are male, even when the victims are male, as well. Feminists insist that it is patriarchy, with its sharply delineated sex roles in which parenting and familial power are unequal, that fosters the occurrence of incest. As Herman (1981) writes,

> the locus of the problem is ultimately in the structure of the family. As long as fathers rule but do not nurture, as long as mothers nurture but do not rule, the conditions favoring the development of father-daughter incest will prevail. Only a basic change in the power relations of mothers and fathers can prevent the sexual exploitation of children. (p. 206)

In the present study, the feminist perspective was selected for the following reasons. First, as discussed above, it offers the most satisfactory analysis of the phenomenon of incest, stressing that it is endemic to patriarchal culture, rather than the result of individual pathology. Secondly, while the feminist perspective particularly stresses the importance of socialization on the lives of women, it recognizes that individual events impinge on women's psyches as well (Sturdivant, 1980). It is some of those individual events, specifically, experiences of incest, which were the focus of investigation in the present study. Since the feminist perspective can accommodate

exploration of the personal as well as the sociological, it was the perspective of choice to examine the phenomenon of incest. Furthermore, as the feminist perspective offers the greatest insight into the phenomenon of incest at present, it seems to follow that feminist therapy will prove to be a useful therapeutic model in dealing with the effects of incest. (The latter point will be dealt with extensively in the Conclusion and Implications section of the present study.)

C. Research Procedure

The Participants / Co-researchers. The present study sought to uncover the personal meanings women attached to their incest experience: dialogal research was considered the method of choice to obtain this end. Because dialogue takes place between equals, the strict differentiation between subjects and researchers becomes problematic. A relationship which diminishes this difficulty and which has interesting implications is that of co-research (Freire, 1970). This concept suggests that the input of subjects is of equal value to that of researchers. As well, co-research implies that subjects together with researchers stand to benefit in some way from the experience of research. Moreover, in this type of research, the purposes of the investigation are not kept hidden from the subjects; thus the question of ethics is partially addressed. For the purposes of this study, then, the participants will be referred to as co-researchers. Eleven women took part in the present study. The number of co-researchers chosen depends on various factors specific to each particular project (Colaizzi, 1978). One of the determining factors in this study was the relative difficulty in obtaining co-researchers. A second factor was that the number of co-researchers from each referral source was balanced; that is, five came from psychologists in private practice and five, from the Sexual Assault Centre. The major factor, however, was that many common themes were already emerging with eleven co-researchers, resulting in a wealth of material to work with. Therefore, I did not consider it necessary to have more than 11 participants. Women willing to participate in the present study were referred to me by the Sexual Assault Centre, and by two psychologists in private practice. I also contacted one woman on my own. Only women who were adults and had previous access to counseling were considered for this study. This was to ensure that they were no longer directly involved in the incest and could,

therefore, more easily explore their personal meanings of the experience. I also wanted the co-researchers to have recourse to assistance if issues emerged as a result of the interview that required further attention. I felt that it was important for them to be able to contact someone whom they trusted and from whom they had already received some assistance. The above strictures were necessary to ensure the ethical treatment of a very sensitive subject for the co-researchers.

The women participating in this study ranged in age from 19 to 41 years, with a median age of 28 years. Of the 11 women, 3 stated that the religion of their family of origin was Roman Catholicism, and seven, some form of Protestantism. One woman was unsure, stating that her family had never practised any religion. The educational level of the co-researchers ranged from 11th grade to a master's degree. Two of the women had not completed high school; three of them had graduated from secondary school, but not taken further formal training. Three women had received post-secondary education or training and three women had gone on to graduate studies. Regarding marital status, four women reported being married; seven, being single. Three of the single women were cohabiting. One of the single women was engaged to be married. Of the married women, one had temporarily separated, and another planned to separate shortly. Two women had been divorced; one was presently single and another, cohabiting. Five co-researchers had children: one had one child and was pregnant; three had two children; and one had four. All 11 women had worked at some time in the past. Two were presently unemployed; two, working as homemakers; and seven were employed outside of the home at least on a part-time basis. (For types of work engaged in, see Table 1.) For 10 of the women, the offender was male; in only one case was the offender female. Five of the male offenders were natural fathers; one, a stepfather; four, older brothers; one, a grandfather; and one, a stepgrandfather. The female offender was the mother or grandmother, but probably the mother. Two of the co-researchers had been abused by more than one family member. Age at onset of the incest ranged from 3 years to 12 years. The length of experience varied from a single episode to incidents over a period of eight years.

Interview Schedule. The instrument used in the present study was an interview schedule (Appendix A) which I formulated and later revised after discussion with my thesis supervisor and referral sources. The interview schedule was semi-structured; the first

section consisted of specific questions and the following sections, of open-ended ones. The questions were formulated on the basis of my own presuppositions about the phenomenon I was investigating, as well as the presuppositions of others (thesis supervisor, psychologist working with incest survivors, etc.) (Colaizzi, 1978). The interview schedule was designed to tap women's understanding of their experience of incest. More specifically, I was interested in discovering the coping strategies of my co-researchers during the incest experience, as well as their perceptions of the role of professionals in their lives during and after the occurrence of incest.

Interview Procedure. The interviews were held between October, 1983 and June, 1984. I received names of possible co-researchers from the Sexual Assault Centre and two psychologists in private practice. The names given were those of women who had been told briefly about the study and who had expressed willingness to be interviewed. Initial contact was made by telephone. At this time, the women confirmed their interest in participating in the study and the date and location of the interview were decided upon. Choice of location was determined by the co-researchers. Six women were interviewed in my home, three in their own home, one at Clinical Services at the University of Alberta, and one at the Sexual Assault Centre. The interviews ranged from one to two-and-a-half hours in length and all, with the exception of one, were completed in one session. Verbal consent was obtained at the time of the interview and a consent form (Appendix B) was signed at a later point in time.

The interviews were conducted informally and were taped. I began each interview by stating the purpose of the study and discussing confidentiality. To foster confidentiality I assured the co-researchers that the tapes would be destroyed after the study was completed. Then I asked each co-researcher to choose a name I could use to refer to her in the study. After giving the definition of incest I would be using and checking to see how it matched hers, I proceeded with the interview, asking questions in the order given on the schedule. The co-researcher was free to answer each question as she deemed fit. If any question seemed unclear, I restated it differently until she understood. After the interview had been completed, I thanked the co-researcher and asked her to share how it had been for her. The latter question was for two major reasons. First, it provided feedback as to how the co-researcher was feeling after the interview. Given the sensitive nature of the

Table 1

Co-researchers' Age, Marital Status, Education, and Current Occupation

Co-researcher	Age	Marital Status	Education	Current Occupation
Carol	19	married	11th grade	homemaker, babysitter
Sandie	21	single	12th grade (General Equivalency diploma)	social service worker
Jayzze	22	single	11th grade	student
Shelly	23	single	12th grade	volunteer
Ghislaine	26	cohabiting	B.A. (Sociology)	bookseller
Kate	28	married	12th grade	homemaker
Isobel	30	cohabiting	M.Ed.	teacher
Susan	32	married	M.S.W.	supervisor, social service program
Sylvia	36	divorced (cohabiting)	partial M.A. (Eng. Lit.)	homemaker, freelance editor
Claudette	40	divorced	12th grade	woodworker
Danielle	41	married	B.Sc. (Med. Lab. Sc.)	laboratory technician

Table 2

Co-researchers' Offender(s), Age at Onset of Incest, Length of Duration of Incest

Co-researcher	Offender	Age at Onset	Length of Duration
Carol	father	6	7-8 years
Sandie	mother (possibly grandmother)	?	single incident
	grandfather	8	single incident
Jayzze	brother	5-6	6 years
Shelly	brother	6-7	8 years
Ghislaine	father	7-8	8 years
Kate	father	12	5 years
Isobel	brother	9	5-7 years
Susan	father	12	3 years
Sylvia	stepfather	10	6 years
Claudette	father	10	1 year
Danielle	stepgrandfather	3	single incident
	brother	5	single incident

information being shared, I felt it was ethically necessary to check with her on this. Secondly, the question also provided feedback as to the efficacy of my co-researching skills. In other words, did my interviewing skills encourage dialogue to take place and allow the meaning that women held of incest to emerge? My co-researchers' replies to this question seemed to indicate that: 1) the women had been comfortable with the interview, albeit its difficult nature; and that 2) my interviewing skills had enhanced the co-researchers' comfort and fostered further exploration of the meaning of incest for them. For instance, in reply to the question "Would you like to share with me how this interview was for you?", Susan said, "And every time I go through it again, a few more things click for me." Isobel stated, "I probably learned things through it,. . .like I wasn't aware that maybe I was still a little unsure about my brother and his children. . . . It was a learning experience for me in that way." Similarly, Kate said, "I think I found out a few things. . ." Sandie said, "It feels good to get it all off my chest." She had never before spoken about some of the things she shared during the interview, because of her shame and guilt. Therefore, bringing them out into the open afforded her considerable relief. As indicated by the above comments, the co-researchers felt they had personally benefited from the interview as well as assisting me. As Colaizzi (1978) writes,

> genuinely human research, into any phenomenon whatsoever, by seriously including the trusting dialogal approach, passes beyond research in its limited sense and occasions existential insight. This is nothing other than therapy. All human research, particularly psychological research, is a mode of existential therapy--which, however, should not be interpreted as meaning that therapy should usurp research. (p. 69)

A year after the interviews had been completed, telephone calls were made to those participants who could be contacted to indicate that analysis of the interview data was underway and to thank them again for their assistance in the study.

Analysis. The tapes were not transcribed, but rather were listened to several times. This allowed me to attend to the shades of different meanings in my co-researchers' speech, as I attempted what Colaizzi (1978) terms imaginative listening. In the present study, a method of phenomenological analysis proposed by Colaizzi (1978) was attempted. The procedural steps were as follows:

1. Listen to every co-researcher's description of her incest experience in order to make some sense of it.
2. Return to each description and cull those statements which directly relate to the meaning of the incest experience. Colaizzi (1978) refers to this step as extracting

significant statements. This is the step where repetitions can be eliminated (if several co-researchers' statements are very similar) and where statements specific to particular experiences can be expressed more generally.

3. Try to explain in detail the meaning of each significant statement, that is, formulate meanings. Here, the researcher must go beyond the information given, and yet remain connected with it.

4. Organize the formulated meanings into clusters of themes. Those themes common to all of the co-researchers' descriptions may come out at this point.

   a. Return to the original description to ascertain whether the themes were really present. This is an attempt to validate the themes.

   b. Note discrepancies. Do not ignore them.

5. Integrate the results of the above step into an exhaustive description of the meaning of incest.

6. Attempt to "formulate the exhaustive description of the investigated phenomenon [that is, the meaning of incest] in as unequivocal a statement of identification of its fundamental structure as possible" (p. 61).

III. The Meaning of Incest: Eleven Descriptions

Colaizzi (1978) writes that one must begin the investigation of a particular phenomenon by "contacting that phenomenon as people experience it" (p. 57). He continues to say that the first step is to gather from subjects their descriptions of what their experience is like. Following, then, are descriptions of what the phenomenon of incest was like for 11 women. It is equally important to present these descriptions in the body of the study as it is to present the researcher's analysis, since the input of subjects is of equal value to that of the researcher in a phenomenological study.

A. The Descriptions

1. Carol, age 19.
   Married, has one child and is pregnant.
   Has completed 11th grade.
   Eldest of three children. Both of her siblings are male.
   She was raised as a Roman Catholic, the religion of her mother and still practises her religion. Her father was a Mormon.

Experience of Incest. Carol was six years old when the incest began and it lasted for a period of seven to eight years. The offender was her natural father. For Carol, the first experiences of incest consisted of fellatio. Her father would show her magazine pictures and actual photographs depicting sexual activities, from which she was to select one they could perform together. She always chose fellatio because it was the only thing that "seemed harmless at the time." This went on for a considerable period, usually on Friday nights, until the mother discovered it was happening. At this point, it stopped and Carol's mother told her that it wouldn't happen again and that she was not to talk about it. Six or seven years later, her father came home inebriated one evening and entered her room naked. He asked Carol to make love with him and although he was insistent, she refused. When he went to the bathroom, she quickly dressed and ran out of the house to get her mother. When she found out, her mother said that she had wondered if "it" was all over. Again, Carol was admonished to keep silent. Therefore, when she discovered her father watching her take a shower through a tiny hole cut into the curtain, she did not tell her mother. Even so, this was the last incident for Carol.

Meaning of Incest. Carol describes the experience of incest as "definitely negative." Feelings attached to the experience were especially those of "being pushed into a hole," of not being listened to. She also felt physically repulsed by the sexual activities,

ugly, afraid, and hurt when her father got into trouble. One of the major ways in which Carol coped with her situation was to get involved sexually with males from a very early age. What was especially unhelpful was that "my parents wouldn't let me talk. They wouldn't let me say anything."

Carol feels that the incidence of incest affected her life in many ways. Needing attention from her father, she lied, stole, and even got pregnant. She got involved sexually with many males, from a very early age. It has affected her relationship with her husband--"sometimes I don't want to go near him." It has also colored her relationship with her infant son. Afraid that she could molest her child, she wouldn't even touch his penis to wash it when he was first born. She has difficulty taking showers and also has frequent nightmares. In terms of self-esteem, she describes periods of depression "where I hate myself." She feels ugly, undeserving of anyone's love, and as if no one listens to her.

Carol has had two separate experiences with professionals. The first encounter took place when she was in high school. She told her counselor about the incest and mentioned wanting to see a professional about it. Her counselor replied, "You don't need one. You're fine. You can talk about it." Although clearly unhelpful about the incest, the counselor was helpful in other ways and Carol has positive feelings about her. Her second experience with professionals was at the Sexual Assault Centre where she saw a counselor in individual therapy and was also involved in a group for incest survivors. She felt that the experience at the Centre was a positive one, although she had only gone to a few sessions at the time of the interview.

For Carol, the experience of incest is as yet unresolved. She wants to confront her parents, to ask her father why he did it and to "make sure they never shut me up again." Carol feels that the effects of incest can never be completely overcome: "The pain'll never totally go away. My dad took a chunk out of my life." She feels that she can never forgive her parents for not letting her talk, nor forgive her mother for having left her alone the second time.

In essence, the meaning of incest for Carol revolves around the experience of not being listened to, of being disregarded. Not only did she experience being discounted at home, but also in her encounters with males and with her high school counselor.

2. Sandie, age 21.
Single.
Has General Equivalency Diploma.
Eldest of three children. One sibling is female, and the other male.
She was raised as a Roman Catholic, the religion of her mother. Her father belonged to the United Church. She presently does not practise any formal religion, but has found her "own spirituality."

Experience of Incest. Sandie was molested by two family members: her mother (or possibly, her grandmother) and her maternal grandfather. She does not remember how old she would have been when her mother molested her, but recalls being about eight years old when her grandfather did. Each was a single incident. The first incident took place when she was asleep. When she awoke, her mother (or grandmother) was lying beside her, fondling her. Sandie simply went back to sleep when the episode ended. The second incident also took place while she was asleep. When she awoke, she was being fondled and her grandfather had inserted his finger into her vagina. He was "drunk and slobbering all over" her. She got up and ran out of the room. Her grandfather did not follow her. Sandie did not tell anyone it had happened.

Meaning of Incest. For Sandie, the experience of incest has been negative and "positive, sometimes." It is negative in that she has had fears that she couldn't explain all of her life. For instance, she could not understand her fear of men and her mistrust of women, as well. It is not as much the experience of incest itself as the resultant strength that Sandie considers positive: "I'm able to help women because I've gone through the incident and I'm pretty open about it." Feelings attached to the experience with her mother were mostly those of confusion. She felt confused about the experience with her grandfather as well, but also felt guilty, dirty, and ashamed. In her attempts to cope with her experience, Sandie used several strategies, both positive and negative. As a child and adolescent, she was rebellious and "always tried to be tough. They couldn't make me cry if they wanted to." She ate a great deal and became severely overweight. She also became a loner. As an adolescent, she became an abuser herself and the resultant guilt led to her taking drugs. Although she contemplated suicide, she "knew there was something better out there." Knowing that she was intelligent and reading books in which healthy relationships were described were helpful to her. What was not helpful for Sandie was when "people said, 'I don't understand what's wrong with you'" and then not pursuing the matter any further. Also unhelpful was "peer pressure to be promiscuous. And I couldn't.

Just couldn't."

Sandie feels that the experience of incest affected her life. She became an abuser herself, molesting children she was babysitting as well as her brother. Relationships with both men and women have been difficult for her: "It's hard to let a person get near me. I'm always afraid of being hurt, of being used, of being exploited." Another area of difficulty is that of her sexuality. Until very recently, she "wouldn't explore it."

Sandie has only seen a professional in the past year. She went to a female psychologist to explore issues revolving around her sexuality and fears she couldn't understand. The psychologist referred her to the incest survivors' group at the Sexual Assault Centre and most importantly, helped her to understand that she was not insane. Sandie feels positive about her first experience with a professional. As well, she has benefited by talking about her experience of incest at the Sexual Assault Centre: "By getting it out, it's not so scary anymore and I know that I have some power of my own."

Sandie feels that she has partially resolved the issues around her incest experience. However, she still needs to come to terms with her family. She wants to confront the offenders and to let them know what the consequences have been for her. She does not feel that the effects can be completely overcome: "I've been exposed to something that gives you a different perspective of things. . . .I know I look at things a lot differently than a lot of my friends do."

To summarize, Sandie's experience of incest has meant inexplicable fears throughout her life which have interfered with her developing trusting relationships with anyone.

3. Jayzze, age 22.
   Single.
   Has completed 11th grade and is presently upgrading.
   She is third of four children. The two eldest are male and the youngest, female.
   Her family did not practise any religion. Jayzze has become a Bahai as an adult.

Experience of Incest. Jayzze was five or six years old when the incest began and it lasted for a period of six years. The offender was her brother who was five years older. For Jayzze, the experience of incest progressed from undressing and lying together in bed to fondling. At one point after he had used pornography, he had Jayzze perform fellatio on him. When she began menstruating, her brother told her he would not have any further sexual contact with her for fear she'd get pregnant. At the beginning,

Jayzze had thought it was normal behavior, but she later "[knew] it was wrong." When she was 11, her mother talked to her sister and her about sex. At this time, Jayzze told her that her eldest brother "did things" with her that she didn't like. Her mother replied, "That's sort of normal." As far as Jayzze knows, nothing was done about it.

Meaning of Incest. Jayzze considers the experience of incest to have been both negataive and positive. It is negative in that she "doesn't like the feelings [she] get[s] sometimes." The strength which she has developed in overcoming her experience is what she considers positive: she feels herself to be much stronger because of what happened, knows herself "very well for a 22-year-old," and wants to help other women when she gets better. Feelings attached to the experience were those of anger, hurt, fear, and guilt because she knew it was wrong, but she also enjoyed the stimulation. In order to cope with the incest and the accompanying feelings, Jayzze would often "blank out, stare at walls and feel nothing. She became a loner, engaging in activities which she could do alone, like claywork and drawing. She also ran away, committed some "breaking and entering," "slashed," and dressed "like a boy." What also helped her to cope at this time was the "feeling of knowing that I knew all about life and I was better." What was unhelpful for her was "my family. No hugs. No one said, 'I love you.'" Also not helpful was her destructiveness. She had decided at the age of 12 that she would die when she was 14.

Jayzze believes that the experience of incest affected her in many ways. She often dislikes herself and feels ugly when she is "really down." She experiences difficulties in relationships. She is not really close to anyone and because she is afraid of people, "loses out." Her sexuality is also a problem for her. She feels that she has to sleep with someone as a test of friendship. She also feels that the experience of incest has interfered with her accomplishing things. Without the incest she would have "got more material things done."

Jayzze has seen many professionals, although most of them did not know about the incest. When she was in twelfth grade, she walked into the school counselor's office with a gun and told him she meant to shoot her head off. The doctor at the clinic to which her parents subsequently took her informed them that she was looking for attention. She then spent some time in a psychiatric ward where she was "pumped full of drugs and tested for schizophrenia." When she was back in school, she deliberately overdosed and was returned to the hospital. This time she was given shock treatment. After five months

of therapy, she spent 1 1/2 years at a group home. It was in the group home that she finally told a counselor about the incest. Although it was very difficult for Jayzze to tell, the counselor was receptive and non-judgmental. Jayzze was even able to eventually tell her about having enjoyed part of the experience. Since then, she has gone to the incest survivors' group at the Sexual Assault Centre, which has been important for her.

Jayzze feels that she has resolved a fair amount of the incest experience. She says, "I've gone through a lot. I know now that I deserve things and that I don't have to have people walk all over me." She also feels that the effects of incest can be completely overcome: "I want to live. I want my life back. I have my memories, but I don't always have to be there in those memories. . . .I owe myself a life, a happy one."

In sum, the meaning that the experience of incest has held for Jayzze has been that of a great deal of pain--"I hurt. I feel so bad." Her attempts to deal with the pain were interpreted as "crazy" by others and even, sometimes, by herself.

4. Shelly, age 23.
Single.
Has completed 12th grade.
She has five siblings, one of them a twin. Two of them are female and three, male.
She was raised as a Protestant but is not practising presently, since the patriarchal structure presents conflicts for her.

Experience of Incest. Shelly was six or seven years old when the incest began, and it lasted for a period of eight years. The offender was her brother, who was eight years older. For Shelly, the experience of incest consisted of mutual fondling of the genitals. This would often happen at night when he crept into the room she shared with her twin sister while they were asleep. When her brother had come into her room, Shelly would tell her parents the next day. Usually, her mother would get angry and ask what he had done. Then she would ask him, "Were you in the girls' bedroom?" and occasionally, "What were you doing there?" Her father would go to her brother's room, shout at him, and threaten him with the psychiatric ward. However, nothing further was done. The incest stopped when Shelly began screaming upon awakening to find her brother in her room.

Meaning of Incest. Shelly describes the experience of incest as mostly negative: "I certainly wouldn't want to go through it again." However, dealing with the experience has led to positive results: she has gotten to know herself well; she understands why she does things and can choose what she wants to change and what she wants to keep; moreover, she is strong, as most survivors of sexual abuse are. Feelings attached to the experience

were mostly those of fear. She also felt older and more experienced than the other children at school. Fantasizing that because of her experience she was "better than other people [her] age" and "grown up" was how Shelly coped with the incest as a child and adolescent. She considers several things to have been unhelpful in her in her situation. One was the fact that wherever they lived (the family moved several times), the twins' bedroom was always in the basement beside the offending brother's and their parents' bedroom was on another floor. As well, Shelly's parents knew the offending brother was coming into their room, but he was never punished, nor did he have to see a professional. They "kept it in the family." Further, her brother used pornography, which her father considered healthy for an adolescent boy.

Shelly believes that the experience of incest has affected her life in various ways. Her self-image is low: "It's made me not feel good about myself. Feeling I'll always be rejected." She also has difficulty trusting people, especially men. Although her mother and older sister feel that the incest is the cause of her lesbianism, Shelly believes it "doesn't have a lot to do with it." She thinks of sexual orientation in terms of choice or preference.

Until Shelly joined an incest survivors' group at the Sexual Assault Centre, she had never seen a professional about her experience. In the group, which was very intensive, she worked through the past and explored feelings toward her parents and the offender. The group has been important for her.

Although she has worked through several issues related to the incest, Shelly does not feel that everything is resolved as yet. Nor does she believe that the effects of incest can be completely overcome in her life: "I think it will always be there, I don't know in what ways. . . .Some of the results will be with me forever. Even in the changes I want to make."

In essence, the meaning of incest for Shelly revolves around her poor self-image and the fear that she'll always be rejected.

5. Ghislaine, age 26.
Cohabiting.
Has a BA in Sociology.
Second of three children. Both of her siblings are male.
She was raised as a Roman Catholic, but presently considers herself an agnostic.

Experience of Incest. Ghislaine was about seven or eight years old when the incest began and it lasted for eight years. The offender was her natural father. For

Ghislaine, the experience of incest consisted of physical molestation and sexual talk. In the middle of the night, her father would come into her room and touch her genitals. He also liked to touch her breasts, as well as have her "tell him things" such as whether she was menstruating yet. Sometimes during the day or evening when he would be lying on the couch, he would expose himself if Ghislaine came into the room. As she grew older, he would tell her sexual jokes and enquire about her sex life. The physical molestation ended when Ghislaine was about 16 years old, but the sexual talk continued until she left the province and did not speak with him regularly any longer. Ghislaine did not tell anyone about the incest while it was occurring.

Meaning of Incest. For Ghislaine, the experience of incest was negative. Feelings attached to the experience were those of fear, anger (as she grew a little older), and of responsibility "for keeping things together." Several things helped her to cope with the occurrence of incest in her life. She did her very best to prevent its happening by knowing her father's schedule and planning to be away from the house whenever she could. She tried very hard to be good and do the right thing both at home and at school. She always had one special friend, although the friend never knew about the incest. Playing with dolls enabled her not to think about it. She also read a great deal and when she was about 13, "ate and ate and ate"--her one way of acting out. As she grew older, she contemplated suicide. What was unhelpful for Ghislaine was that no one ever talked about sex. She didn't know what making love was until she was 15. She believed, or rather, was led to believe that incest was common among families.

The experience of incest has affected Ghislaine in several ways. Her self-image has suffered. She has had a difficult time believing that her body is acceptable. She has also felt dirty, different, and not pretty. Her self-confidence is low--she has often felt she could not do well at anything. As well, she has difficulty accepting blame, being wrong. For Ghislaine, making mistakes is devastating: "Being wrong means being worthless." Sexually, dreams and certain touches even by an intimate "haunt" her. As well, it has taken a long time for her to want to see herself as sexual. Another area of difficulty revolves around children. It is difficult for Ghislaine to see them, as it brings up for her the sadness of her own childhood. Further, she fears that she could abuse a child. She is also afraid of trusting any man with children.

Ghislaine first saw a professional about her experience of incest when she was about 17. He was a counselor at the university. She did not like the experience and only went once. She felt that he had focused on what she could do to settle or expose the incest and had ignored her and how she was feeling. What was more helpful was her experience at the Sexual Assault Centre where she was in contact with women who had some understanding of sexual assault. Talking with other women triggered memories for her and allowed her to begin to experience her feelings.

Ghislaine feels that her experience of incest is almost resolved. However, she still has to see her family after confronting them in a letter. Although the effects of incest will diminish with time, they will probably continue to plague her "because it's become so much of what I am. I am an incest survivor. I'm also contending with it. I see it as a challenge which pushes me to grow, but pulls as well."

In sum, the meaning that the incest experience held for Ghislaine was that of closed off feelings and the belief that she was responsible for keeping her family together.

6. Kate, age 28.
Married, has four children--one daughter and three sons.
Has completed 12th grade.
Fifth of seven children. Four siblings are female and two, male.
She was raised as an Anglican, the religion of her mother. Her father belonged to the United Church. She is not practising presently.

Experience of Incest. Kate was 12 years old when the incest began and it lasted for a period of five years. The offender was her natural father. For Kate, the experience of incest began with fondling during play wrestling sessions and progressed to intercourse. Her father would come into her room at night when she was asleep. The incest stopped temporarily when Kate had what she thinks was a drug-induced nervous breakdown at the age of 16. She would get hysterical if her father came into the room at that time. It stopped finally when Kate left school at 17 and moved out of home. Her father approached her again when she was about 21 years old. She'd come to visit and she and her husband were asleep when he came into the room. Kate awoke very deliberately and he left. Then, three or four years before the interview, he suggested getting together with her; that was his last sexual overture. Kate did not tell anyone about the incest while it was happening.

Meaning of Incest. Kate thinks of her experience of incest as having been negative. There are several feelings attached to this experience. As a littlel girl, she felt

special, getting attention from the father she loved dearly. Later, as an adolescent, she felt fear, anger, and confusion. She also describes feeling "slightly fouled, not quite good enough to walk in the light of day, feeling dirty." At first, Kate had no need to cope since the attention she was getting felt positive for her. Then, she tried various things to keep her father away. She put her bed against the door; put a knife in the door frame; and wore "strange clothing" such as full body suits to bed, so that she could wake up before he had undressed her. At this time, she also sought friends desperately and daydreamed a lot. Later, she got "heavily into drugs." However, her major coping mechanism, even to this day, was to write. She wrote letters ("few of which ever got read"), kept a diary and wrote poetry. What proved unhelpful for Kate was her fear of hurting her mother, so not telling to protect her. She also feels that not having many friends and her father's disliking everyone she went out with were not helpful. As well, she felt that being spoiled, being her father's favorite made her different from her siblings, "put [her] on another side of the fence."

Kate considers the experience of incest to have affected her life in many ways. It has colored the way she looks at love--until very recently she has equated it with sex. She is afraid for her daughter and feels that she doesn't know how to look after her so that she will be safe. She feels that her lifestyle would have been different: she wouldn't have tried so hard to make her friends like her; she would have been able to do better in school; and she would have pursued a career instead of getting married so early. She describes it as "taking on a life that wasn't mine."

Kate had never seen a professional in regard to the incest until she joined the incest survivors' group at the Sexual Assault Centre. Two important discoveries for her were that she is normal and that "[her] case is not so bad." At the time of the interview, she was feeling pressure from the group to get out of her marriage, yet acknowledging that she might be blaming them so as not to have to accept the responsibility for wanting to leave, herself.

Kate does not feel that her experience of incest is resolved because "[my father's] got more power over me now than he ever had. My whole life is changing now." Nor does she believe that the effects of incest can be completely overcome: "Being an incest victim is like being an alcoholic. . . .It doesn't matter what I do. I'm always an incest victim. I may

have survived the victimization, but I'm always a victim. He has touched my life."

In essence, the meaning of the incest experience revolves around a loss of identity for Kate: "I don't know who I really am. I buried her a long way down. It's like I've stepped into someone else's life. I want to go off somewhere and start all over agian."

7. Isobel, age 30.
Cohabiting.
Has completed a Master's Degree in Education.
Youngest of three children. Both of her siblings are male.
She was brought up as an Anglican, her mother's religion. Her father belonged to the United Church. Isobel does not practise presently.

Experience of Incest. Isobel was nine years old when the incest began and it lasted from five to seven years. The offender was her eldest brother. For Isobel, the experience consisted of being fondled when her brother came into her room at night. He also once asked her to watch him masturbate. When Isobel was about 12 years old, her mother asked her if her brother was coming into her room. Knowing that he would get into trouble if she told, she denied it. Her mother didn't pursue the subject any further. The incest ended soon after her brother said to her, "You really enjoy this. I know you really do 'cause you just stay there." As soon as she understood his rationalization of the incest, she refused to have anything further to do with him.

Meaning of Incest. For Isobel, the experience of incest was negative. Feelings attached to the experience were those of shock and fear. As a young adolescent, she also felt disgust, unhappiness, and anger. She coped with the incest in several ways. One way was to lead a double life. At home, she was snappy, angry, and rebellious, but at school and with her friends, she was happy, cheerful, and academically inclined. She feels that her self-esteem was bolstered by her success at school and her participation in an ethnic dance group. What also helped was her love for her family, her father in particular. She had close girlfriends and shared her secret with at least one of them. Isobel was also a churchgoer then and may have prayed, but doesn't remember. At the age of 13, she was introduced to light drugs. What was unhelpful for her was that her mother did not pursue the matter when she suspected that something was going on. Having to keep the incest a secret because she didn't know where to go with the information did not help either. She had no sex education whatsoever. Also unhelpful were specific circumstances. As a young girl, she was left alone too much with males: her cousins, a hired man, her brother. And when company came, Isobel had to sleep downstairs next to her brother's room.

The experience of incest has affected Isobel in several ways. Her sexuality is one area which has been touched. She got pregnant the first time she had intercourse and later was quite promiscuous for a period of about four years. She derived very little enjoyment from her encounters as she was often drunk. Her attitude was "that it was to be done to you." Her relationship with her lover has been affected. Because of her fear of sexual and emotional intimacy with him, she has gone with other men. Her relationship with her offending brother is damaged, perhaps irreparably. In terms of body image, she is a compulsive eater. She has difficulty expressing feelings which she considers weak, such as sadness, because she needs to be seen as strong. What Isobel considers to be a positive effect is that she is aware of power issues within relationships: "I've become very in-tune with power-tripping."

Isobel saw a professional about the incest for the first time about six months before the interview. She went to a feminist psychologist to explore the reasons for her compulsive eating. At the back of her mind had always been the thought that it had to do with her involvement in an incestuous relationship. Later, she read an article about the Sexual Assault Centre and went to an incest survivors' group which served as "an incredible catalyst" for her. Both of her experiences with professionals were positive. She believes that it is very important to talk with other women who have experienced incest.

Isobel does not think that her experience of incest has been resolved yet. She feels that she has yet to experience anger with her brother. She does not believe that the experience of incest can ever be completely overcome, because "the sadness for what could have been will never go away. . . .It will never completely be all good news."

To summarize, Isobel's experience of incest has meant feeling powerless. She talks about growing up in a man's world where she wasn't taught to say no and to believe that she could control her own life.

8. Susan, age 32.
Married, has 2 children--a boy and a girl.
Has completed a Master's Degree in Social Work.
Eldest of five children. Her four siblings are boys.
She was raised in the United Church and chose to be confirmed in the Anglican Church at 19. Presently, she attends the United Church and considers herself quite active. Her spirituality is quite significant to her.

Experience of Incest. Susan was 12 years old when the incest began and it lasted for a period of three years. The offender was her natural father. For Susan, the

first experiences of incest consisted of her undressing as part of a game of strip poker, some touching, and her father watching her while she bathed. Later she was fondled when he got into bed with her. As she grew older, he also wanted to hear about her sex life. The incest ended when her mother found out and got hold of the cards her husband had used as part of a modified game of strip poker. Susan's parents separated soon after. Although her father wanted her to go and stay with him, she remained with her mother. Her parents were later reunited, but the physical molestation was not resumed.

Meaning of Incest. Susan describes the experience of incest in her life as quite negative. There were many feelings associated with the incest for her. She felt sad, alone, and angry. Physically, she experienced the "sensation of dying" and "a feeling of pressure on her head." She devised several strategies to help her to cope with her experiences. One was to fantasize, which was very calming for her. She developed two fantasy characters in great depth. They had distinct personalities, names, and ways of relating with her. She made up stories about them and people actually believed her: "The more farfetched the stories, the more they believed me. But they wouldn't believe the truth." At one point, she made a conscious decision; she had to decide whether she would go crazy or not, as the fantasies had become very powerful. Another way Susan coped was by cutting off feelings: "I survived by just dying inside. But don't ask me where the feelings went." What was not helpful for Susan was her father's need and control of her, as well as her dependence on him. She was too young to leave and care for herself.

When asked whether the experience had affected her in any way, she replied, "Like a million [ways]. I can't think of anything it didn't." Her marriage has been very difficult, sexually as well as in other ways. It has affected her relationship with her children and she is frightened for her daughter and son. She has experienced difficulties with her sexual identity--learning to accept her body and who she is. She has had sexual encounters with several men as she "switch[ed] into a promiscuous kind of place, my whore place." Her sexual adventures were always kept separate from her normal life; they would take place when she was traveling. Thus, she led two lives. She has drunk far too much and eaten compulsively many times. The incest has also affected her career. She has lost interviews by "becoming a helpless little girl" and sometimes displays inappropriate anger in her place of work. As well, her relationship with her family of origin has been affected.

Susan has seen many professionals, but they have not all dealt with the issue of incest. She recalls going to see the minister at her church, but doesn't know what she would have told him. His response was to sit there. Sometime in high school, she went to a school counselor and although she doubts that she told him directly about the incest, feels that she may have hinted. In any case, he was supportive and checked with Social Services to see if she could leave home and still continue with her studies. (It turned out that she couldn't.) She then went to a psychiatrist for depression and was put on medication. She feels he was supportive and got her through a very bad time. Then, soon after her marriage, she saw a second psychiatrist because she was experiencing difficulties in sex with her husband. This psychiatrist related her difficulties to her experience of incest; the problem went away until recently when she started dealing with the incest in therapy. Susan feels that both psychiatrists simply patched her life so she could cope. At the time of the interview, she had begun seeing a feminist psychologist and was working directly with her incest experiences. She described herself as very resistant in therapy.

Susan does not feel that her experience of incest has been resolved, although she is "finally working on it and feeling much better." She still has many things to sort through. She does not feel that the effects of incest will be completely overcome: "There'll always be things I don't react to in the same way as other people."

In sum, the meaning of incest for Susan has revolved around a pervasive sense of powerlessness in the face of a father who "did weird, controlling things," "always won," and "feels he owns her."

9. Sylvia, age 36.
Divorced (cohabiting).
Has a partial Master of Arts Degree in English Literature.
Eldest of two children. Her sibling is a half-brother.
She was raised as a Protestant and presently considers herself an atheist.

It is important to note that Sylvia objects to the word incest. She thinks that incest has, in many ways, been romanticized. Poems are written about it, for example. And incest has an implication, in some ways to me and to many people, of cooperation. I know there are cases where daughters, for example, have what you might call cooperated, although I would always say that they're coerced in one way or another. So I prefer sexual abuse because it seems to me to be, in one way, a broader definition in that it includes all kinds of abuse that can be sexual and is also narrower in that it does include the term abuse which is what it is. I think the term [incest] is far too broad and almost titillating to some people. Incest covers situations that are not sexual abuse.

Experience of Sexual Abuse. Sylvia was 10 years old when the sexual abuse began and it lasted for a period of six years. The offender was her stepfather. For Sylvia, the experience of sexual abuse consisted of fondling. She did not tell anyone it was happening until she was 16. At that time, she told her family doctor, who referred her to a psychiatrist. Neither doctor did anything to stop the incest from happening. It ended when Sylvia left home shortly thereafter, following the advice of the school counselor in whom she had confided. A last incident took place when Sylvia was 20. She had returned home briefly to care for her brother during her mother's hospitalization. While she was asleep, her stepfather came into the room and she awoke to find him lying on top of her. She told him to get out, dressed, and left the house immediately.

Meaning of Sexual Abuse. Sylvia has found the experience of sexual abuse to be negative. The feelings attached to the experience were mostly those of fear, "incredible fear." There was guilt as well, as she had always believed she could have avoided it (until challenged in her belief by a psychcologist who had her role-play her younger self). Sylvia coped with her experience in several ways. She was a devout Christian and believed that there was a reason for her abuse and that she would be rewarded someday. She was intelligent and could somehow "think what to do next." Reading provided some respite and she could escape for awhile. She contemplated suicide as a child and almost committed it a number of times. What was not helpful for Sylvia was her mother, whom she feels she can never forgive for not protecting her. Another problem, which Sylvia feels is the case with other abused children as well, was the silence surrounding sex. She didn't know whether what was taking place was supposed to be happening. It was never raised in school, nor in church. Also unhelpful was the social climate, where the "sanctity of the father in the family" was never challenged.

Sylvia feels that the experience of sexual abuse has affected her life in "every way." She was very promiscuous for a time and usually chose men whom she knew did not care about her. She derived very little pleasure from her own sexuality until she was in her 20s. A deep-rooted sense of worthlessness "permeates everything." She feels that a lot of time and energy has been taken up dealing with the abuse which might have been better spent. For instance, she might have become a violinist or gone further in her chosen career. A positive aspect for Sylvia is that women have become very important to her; she

has close female friends who mean a great deal.

Sylvia has seen several professionals since she was 16; however not everyone was helpful. The first person she told about the abuse was her family doctor. He was embarrassed and did not want to talk about it; however he did refer her to a psychiatrist. She only went to the psychiatrist once because she realized he wasn't going to help her. He informed her the abuse wouldn't happen if she did better in school. Sylvia has the feeling now that she blamed herself in part because of the psychiatrist's attitude. She is often angry that neither the doctor not the psychiatrist reported the abuse. Then, because her marks had plummeted, she was sent to the school counselor who badgered Sylvia until she revealed the abuse. The counselor felt that she had no choice but to leave home. What Sylvia especially appreciated was the fact that the counselor took her at her word and told her what she saw as her only alternative. Several years later, when her marriage was in difficulty, she began seeing a psychologist who had her do a lot of role-playing and convinced her that she had intellectualized her experience of sexual abuse. This psychologist taught her ways of working through it.

Sylvia feels that she has resolved several issues surrounding the experience of sexual abuse, however she feels that it's a life-long process. When asked whether she thinks the effects of sexual abuse can be completely overcome, she replied, "No, because in my case, the psychic damage is very comprehensive and I don't think it's anything you get over. . . .I think it'll be there till my dying day. It's always there."

In essence, the meaning that familial sexual abuse has held for Sylvia is one of a deep-seated sense of worthlessness "that will never go away."

10. Claudette, age 40.
Divorced, has two children--a girl and a boy.
Has completed 12th grade and two years at a technical school.
Eldest of eight children. Two of her siblings are female and five, male.
She was brought up as a Baptist, but does not practise presently.

Experience of Incest. The incest began when Claudette was 10 and it lasted for a period of approximately one year. The offender was her natural father. For Claudette, the experience of incest consisted of sexual intercourse. Her father would call her into his bedroom when his wife was out of the house. When Claudette realized "it wasn't the right thing to do," she refused to cooperate any longer and it stopped. She did not tell anyone it had happened until many years later.

Meaning of Incest. For Claudette, the experience of incest was confusing. She wanted her father's love very much, which she thinks was probably why she went along with it. Feelings surrounding the experience of incest were those of shame, both for her father and for herself. What helped Claudette to cope with her experience was tremendous physical energy which she needed to handle all of her responsibilities. As the eldest in a family of eight chidlren, she had a great deal to do at home. She took care of her mother who "was in danger of losing her life" because Claudette's father was violent when he drank. Moreover, she held part-time jobs to earn her own money. In short, she simply could not take much time for herself. When she did have a moment, she fantasized about how her life would get better when she grew up. The things which helped Claudette to cope were also the things that proved unhelpful to her, that is, living in fantasies and being too busy.

Claudette has difficulty separating the effects of her incest experience from those associated with the violence in her family. One effect which she clearly attributes to the incest is her deep sense of shame. Because of the shame, she has found it difficult to see herself as a "full person." It has led to her always trying to please people and take care of them. Other effects she feels are due as much to the violence and lack of care she experienced as to the incest. Her ability to parent was affected. Although she never became violent, she felt it and needed counseling to help her to deal with her children. She has experienced severe depression which she feels to be related to her anger. All of her life, she has experienced a deep longing to be loved, which she feels stems from her deprived childhood. As well, her early life was so stressful that it "dulled everything." She didn't have the wherewithal to explore and develop her creativity, intelligence, and psychic energy.

Claudette says that she has spent a lot of her life in a counselor's or psychiatrist's office since she was 18 years old. However, she did not spend many sessions dealing specifically with her incest experience; she feels that it was probably seen as simply part of a larger problem. There were two instances when the issue of incest came up specifically. While she was doing a bioenergetics workshop, the leader pointed out that Claudette always hung her head and looked ashamed of herself. At this point she became upset and the group took care of her for a few moments. It is with a feminist

psychologist, however, that she has explored the experience of incest and its ramifications most thoroughly.

Claudette thinks that she has largely resolved the issues around the incest and feels that she has some control over her future now. However, she does not think that the effects of incest in her life can be completely overcome: "I think it's something that's always there. The shame. Some resentment--why did this have to happen to me?"

To summarize, the meaning for Claudette of her experience of incest revolves around a profound sense of shame for herself and her family.

11. Danielle, age 41.
Married, has two children--one boy and one girl.
Has completed a BSc in Medical Laboratory Science.
Youngest of three children. Both of her siblings are male.
She was raised as a Protestant. Her spirituality is important to her.

Experience of Incest. There were two offenders in Danielle's case. One was her stepgrandfather, the other, her eldest brother. When she was three, her family was living with her grandparents. It was during this time that her stepgrandfather molested her, fondling her genitals. She told her mother, who got very upset and confronted him. Sometime after that, Danielle's family left and returned to their own home. The incident with her brother took place when she was five. Her parents had gone visiting and left her in the care of her eldest brother, who was 15. He attempted to have intercourse with her. He used physical force, but Danielle bit him hard and he let go. Afterward, he yelled back at her, "Do you realize what we've done?" and "threatened [her] life" if she told her mother. She took the threat very seriously and did not tell.

Meaning of Incest. Danielle considers her experience of incest to have been negative. During the incident with her stepgrandfather, the feeling that had come up was that he was out of touch with her; she felt used. When her brother molested her, she felt completely overwhelmed and out of control. She was also very hurt, both physically and emotionally. As well, she experienced fear when she felt he was not hearing her protests and again when he threatened her. Danielle coped by blocking the incidents from her mind. What did not help was her withdrawal from her mother and the idea that she had to protect her.

The experience of incest has affected Danielle a great deal. Before going into therapy, she had difficulties in developing any sort of close relationship with men at all.

She would flirt with them, lead them on, and suddenly run away. She denied her sexuality by eating. Particularly as an adolescent, she needed to make herself sexually unattractive to keep men away. She had a great need to control everything and everybody and didn't trust anyone. She felt a lot of anger and was often depressed. Her self-esteem was very low and she felt ugly. She believed that she had to be very good, otherwise terrible things would happen to her. Danielle had also forgotten how to play--life had become very serious.

Danielle has seen several professionals throughout her adult life, however she doesn't feel she has the need for a lot of help anymore. She had originally gone into therapy at the age of 23 when her mother died suddenly. The psychiatrist she saw felt there was something she had to remember. Under hypnosis, she recalled her experiences of incest. She feels the psychiatrist encouraged her to feel guilty and to take part of the blame. In her 30s, she went to a psychologist who asked her about feelings of guilt. She denied feeling any, so did not examine the guilt in depth at that time. Then she went to a feminist therapist who picked up on the guilt and helped her to work through it. Although Danielle feels that she has benefited a great deal from therapy, she thinks that it is important to have the right therapist, since a therapist can have a great deal of influence on a person's attitude.

Danielle believes that her experience of incest has been largely resolved, through therapy, and through recollecting and talking about it. She feels that the effects of incest have been overcome for the most part, however she is not certain "that they absolutely do not affect [her] in a negative way" anymore.

In sum, the meaning that the experience of incest held for Danielle was mostly that of withdrawal and feeling guilty for the occurrence of the incest.

IV. Analysis of the Meaning of Incest

In the following sections, meanings of the incest experience common to some of the 11 co-researchers will be examined. These common meanings will be presented thematically in five broad areas: 1) the coping strategies employed during the incest experience; 2) what was unhelpful, that is, what helped to perpetuate it; 3) the long-term effects; 4) the impact of professionals whom the co-researchers saw about their experience; and 5) whether it has been resolved and can be completely overcome.

A. Coping Strategies

The strategies which the co-researchers adopted to cope with their incest experience can be subdivided into two categories: 1) those devised to deal directly with the incest experience; and 2) those devised to deal with the feelings around the experience.

Two co-researchers developed strategies to deal expressly with their incest experience. In both cases, they were strategies designed to keep the incest from occurring. Ghislaine tried to prevent it happening by careful planning:

> I did what I could to make it not happen. I did that by knowing my father's schedule really well. I tried to find out when he worked late, when he worked early, when was a good time not to be around the house, for instance, when my mother was working. So I would check those things out, usually.

Kate attempted to keep her father out of her room and she dressed in such a way that she would awaken before he managed to unclothe her:

> Physically, I tried a number of things to keep him out of the room, but nothing ever worked. Put knives in the door and things like that. . . .I used to move my bed. It was a very heavy bed and I couldn't pull it all the way across the door. . . .I tried a number of things. I wore some very strange clothing to bed. I thought once I got into bed, if there was no way he could get me out of these things without waking me, like if he woke me getting me out of them, if he woke me before it really began, I thought I could say, "Go away." But, oh, he was a magician. Some of the things I wore to bed were incredible. Full body suits with a zipper down the front that comes down to your belly button. I mean, I had to squeeze in and out of that thing. And somehow, before I would wake up, he could have these things off.

Most of the coping strategies which the co-researchers contrived, however, were to handle the feelings which arose from the incest experience, rather than the experience itself. These strategies included behaviors which could be described as socially acceptable and others which would probably be deemed unacceptable--acting-out and withdrawing types of behaviors.

Of the socially acceptable strategies, reading was a method of coping used by three co-researchers: all three read a great deal. In Sandie's case, reading was a means of learning about healthy relationships, a sort of bibliotherapy, as it were. For Sylvia it served as a temporary escape mechanism from her actual situation. Ghislaine's love of reading provided more than an escape for her; it was a source of great pleasure, as she delighted in the sounds and meanings of words as well as in the characters and plots.

For two of the co-researchers, having special friends helped them to cope with the incest experience. Ghislaine always had one close girlfriend, but this friend did not know about the incest. Isobel had a few close friends and told at least one girlfriend about her experience.

Two co-researchers attended church as teenagers. Although Isobel does not remember the specifics, Sylvia describes her experience vividly: "I was a devout Christian and really believed that Christ must be doing this to me for some reason and that I would get my reward. And I would just pray a alot that it would be soon."

Their intelligence helped two co-researchers to handle their incest experience. Sandie's intelligence enabled her to "know the difference" between what she had experienced as a child and what should have taken place. Of her intelligence, Sylvia said, "I think I was just really lucky, you know, I had good genes and I had a good mind. And somehow, my mind worked. . . .Somehow I could think it through, somehow I could think what to do next."

Another strategy shared by two co-researchers was that of daydreaming. While she cared for her mother and siblings, Claudette sometimes daydreamed about how "life would get better when [she] grew up." Kate daydreamed a great deal. She spent "a whole lot of time a million miles away," dreaming of "being away" and "having a baby--something of [her] own."

Two co-researchers coped with their experience by doing very well scholastically. Ghislaine described it thus: "I had good marks in school. I was very good at school. I skipped grades. I studied. I read." Although snappy and rebellious at home, Isobel was a "cheery academic kid in school." She had a lot of self-esteem from the feedback that she got.

In addition to using acceptable coping strategies to deal with their experience, several of the co-researchers also used socially unacceptable ones. Four of the co-researchers contemplated suicide. Jayzze often thought about suicide as a means of dealing with her pain: "When I got to be 12 years old, I had already decided that I wanted to die at the age of 14. Fourteen became a special date." The year she was in eighth grade was especially difficult for her:

> The blankness. For some reason, that year was where most of it came. And, I remember walking onto a field, cutting my wrist. . .Remembering it was kinda neat because the sky was white, and the snow was white. And I had new pants on. My feet were cold. And everything was red. The snow was red, my hands were red and it was okay to do that and I couldn't feel it, I had thought, "Maybe I should stay out here in the field. I'd be frozen by morning. But that would be okay. Maybe I could sleep under a tree. I don't want to go back."

Sylvia was also very young when she thought about suicide:

> I was suicidal as a kid. As a child, I was always going to kill myself. Almost every time I was sexually abused I was going to kill myself. . . .We had a little gas fireplace in the living room and I was going to lie down in front of the fireplace and turn on the gas. And I almost did it a number of times. I lay down, lay there and thought, "Just turn it on. Just turn it on and then, it'll all be over."

Sandie thought about suicide when her mother kicked her out of the house and she had no place to go: "I used to contemplate suicide, walking around, think about ways to do it. And sometimes I'd actually pick up an object. Once I picked up a piece of iron and was scratching my wrist and thinking about killing myself." Ghislaine only considered suicide when she was older; earlier on, she had coped with her experience by trying to be perfect, both at home and at school.

Three of the co-researchers became "loners" in their attempts to deal with their experience. Sandie says, "I was always alone, very few friends. I always preferred to be by myself. I'm still pretty well the same way, but I don't mind it. . . .It's less complicated to be by myself. . .I like it." Jayzze also spent a great deal of time alone: "I did a lot of claywork, did a lot of drawing, started to get into a lot of things where I didn't have to have people around me. Loner things." Susan talks about "becoming so withdrawn so that, that Grade 13 year, I just spent all my time, really, by myself in my room. I didn't socialize 'cause my father controlled that too. He put me in his class and the kids didn't relate to me."

Another coping strategy which two co-researchers used was to believe themselves superior to people their own age because of their experience. This belief

served to isolate them even further from others. Jayzze talks about the feeling "that [she] knew all about life and. . .was better":

> That was the most incredible thing, I remember. Going through school and feeling that I knew more than everyone else and therefore I was better. And that, that sort of compensated for not having to look at the feelings. That sort of replaced everything. And, in actuality, I wasn't better. I was just like everyone else, but that helped me not to look at the feelings."

Jayzze speculates that this is perhaps why she never studied in school. She regrets it now as she works to complete her high school studies as an adult. Shelly describes feelings similar to Jayzze's: ". . .fantasizing that because of my experiences, I was better than other people. I think that kept me going."

As well as withdrawing from others, some co-researchers withdrew from their own feelings. Both Jayzze and Susan cut off feelings in order to cope with their stressful experiences. Jayzze says, "And another thing that I used to do when I was little was to stare at walls 'cause then I couldn't feel anything. I didn't have to really think about anything." Susan describes how she handled her feelings: ". . .by that time, I seemed to have learned to deal with the feelings. I just cut them off. . . .I just stopped feeling. . . .I survived by just dying inside. But don't ask me where the feelings went."

Overeating was another coping mechanism which two co-researchers used. Of her eating, Sandie simply said, "I ate." That she did, becoming severely overweight in adolescence. Ghislaine's overeating was her one way of acting out:

> One thing I did do was that as a kid I was really lean. They called me beanpole. I was really thin, my face was really thin. And when I got to about 13, I ate. I ate and ate and ate and I got round. So I see that as one way of acting out, is by eating. And I didn't do other things. I tried to fit.

Two co-researchers became rebellious in their efforts to deal with their experiences. Sandie says, "When I was a kid, I was forever getting into trouble. I was really rebellious. . . .I'd do drugs and I'd stay out late. And get involved. They'd tell me not to get involved with this person, I would get involved. I was real rebellious." For Isobel, the rebelliousness was part of a double life, the part she acted out with her family: "snappy and angry and rebellious at home." At school and with her friends, however, she presented as a "happy, cheery, academic kid."

Taking drugs was another way of coping with difficulties for three co-researchers. In Isobel's case, it was a way of distancing herself from her family:

> And when I was about 13, I was getting emotionally quite upset about things,

> just wanted to drop out of everything, wanted to take off. Got introduced to drugs by friends when I was 14, just light drugs, nothing big, but again, sort of moving away from the family.

Sandie took drugs as well as alcohol to help her deal with her guilt: "Through my teenage years there were incidents that happened. I became an abuser myself, three incidents when I was babysitting. And from that, I felt a lot of guilt. And I started to cope with drugs and alcohol." Kate became quite heavily involved with drugs when she was about 16: "I really got heavy into drugs one year. . . .When I started doing drugs, I wasn't home very much. And when I was home, I was so blasted. . ." She had what she believes was a drug-induced nervous breakdown. Her father left her alone at that point, because if he tried to come near her, she became hysterical.

To reiterate, various coping strategies were devised by the co-researchers, either to deal directly with their experiences or with the feelings arising from those experiences. Strategies which might be considered negative were used as well as positive ones. It is important to note that the effectiveness of the strategies cannot be determined by whether they were positive or not. Rather, one must examine whether they met the objectives of preventing the incest or assuaging the feelings which came up. For instance, Kate's taking drugs and having a nervous breakdown did keep her father away from her for a time, whereas putting a knife in the door did not. Therefore, whether they were negative or not, the various strategies did serve a purpose at a particular time in the co-researchers' lives.

B. What Was Unhelpful

Two major themes emerged from the co-researchers' responses to the question, "What was not helpful to you whilst the experience was taking place?" The first was that of a sense of responsibility for other family members; the second, ignorance of sexual matters.

The feeling of responsibility which several co-researchers experienced sometimes extended to the family as a whole, sometimes to the offender (be he father or brother), and most often, to the mother. Jayzze did not tell anyone about her incest experience in order to protect her family: "Your family's precious, you know, and keep the family together. And I really believed in that. If I had said anything, everything would fall apart, and

it would be blamed on me. And it is anyways." Ghislaine also felt responsible for her family:

> I remember feeling that I was responsible for something, responsible for keeping things together. This was during the time that my father would say. . .he was doing this because my mother wasn't good and loving. So it felt like I had to keep something together. I was scared that I would lose my mother.

What hindered Susan was "[her father's] need and then his control." She felt responsible for the emotional and sexual demands he placed on her, as well as powerless in the face of his control. Isobel lied about her experiences with her brother in order to protect him:

> When I was 12, my mom came into my room, closed the door and asked me if it was happening. Closed the door and said, "You know, I think A's coming into your room. Is that so?" And I said, "No, he's not," and just really denied it. So with that kind of signal from my mom, . . .I knew that it wasn't right, you know, and that something would happen to him if I told.

What hampered Kate was her sense of responsibility for her mother: "Not feeling like I could hurt her in that way [i.e., by telling her about the incest], that was not helpful." Danielle felt that she had to protect her mother, so she withdrew from her:

> I believe that I had withdrawn from my mother because I was afraid to talk to her. . . .I had been threatened with my life that if I did say important things that. . . :Well, in the first place, from the incident when I was three, that she would be terribly upset. I got the idea that I had to protect her."

Similarly to Danielle, Sylvia felt she had to protect her mother, and that included not disclosing the incest to her: "I had for a long time felt that I must protect my mother from the knowledge. At the time, I thought that she had numerous diseases because she always said she did. And that she had a heart condition." Claudette also believed that she had to protect her mother. In her case, however, was the reality of a violent father:

> I had a lot of responsibility, so I never really could sort of take time to think about myself. . . .I had to keep my eyes and ears open for my mother, because. . .she was sort of in danger of losing her life whenever he was in a bad mood.

Not knowing about sex was the second main theme which the co-researchers identified as having been unhelpful to them. Isobel says,

> I had no sex education whatsoever. . . .It didn't help that I didn't have anybody to talk to about it who I could feel safe with, with that information. You know, that I didn't have access to the kind of. . .available now; exactly where people should go and where they can go and what's available. But as a child then, there was no services, there was no school counselors.

For Ghislaine, too, not knowing about sex was unhelpful:

> One of the things was that no one ever talked about sex. No sex. I mean, I didn't know about menstruation. I didn't know what making love was until I was

> 15 and yet, I lived with, under this father who was teaching me all about sex education. I didn't know what it was. So, talking about sex makes a big difference. I think that had I learned about sex in school, I may have approached someone. . ., a peer or a teacher. . . .If I had seen a billboard that said, "If you are being sexually abused," or it doesn't even have to be as blatant as that. If I had any indication. . ., someone that I could call or an agency. . ., I would have done it. . . .I believed it was true for most families. But I also knew that it was sort of a white elephant, you know, something not talked about. . . .I was led to believe it was common, but it didn't feel good to me.

Sylvia was the third co-researcher to discuss how being unaware of sex hindered her:

> I think, part of what I see as the problem for abused children, and certainly was my problem, is that you don't know whether or not this is supposed to be happening. . . .And there is that sense that I had as a child of unknowing, of not knowing whether this was. . . .I felt rotten about it, I didn't feel that this should happen, but you feel a lot of things when you're a kid that may or may not be validated by the society around you. And those feelings were never validated for me. . . .It was never raised in the school situation or the church or anywhere.

C. Long-Term Effects

When asked to describe their experience of incest, seven of the co-researchers stated quite categorically that it had been negative. Three of them said that their experience had been both positive and negative. However, further exploration showed that it was the outcome of having dealt with the incest that was considered positive. For instance, Sandie felt positive about being able to help other women because she has gone through the experience of incest and can talk about it. Jayzze also feels that she can help other women. As well, she feels stronger because of her experience and believes that she knows herself very well for a 22-year-old. Like Jayzze, Shelly feels that she has gotten to know herself very well: "I understand why I do things and I can also choose what I want to change and what I want to keep and that's positive." One of the co-researchers would only say that her experience was confusing. Claudette talks about having wanted her father's love so much that she went along with the incest. It seems that not actively having resisted the incest at first makes it difficult for Claudette to see it as negative. However, when she describes the shame that she felt both for her father and for herself, it is evident that her experience was negative. All of the co-researchers felt that the incidence of incest affected their life in some way.

The many long-term effects of incest identified by the 11 co-researchers were placed in three broad categories: those effects related to problems around sexuality; those related to difficulties within relationships; and those related to various psychological

symptoms.

In terms of sexual difficulties, the co-researchers discussed the following: sexual problems within intimate relationships; difficulties in coming to terms with their own sexuality; pregnancy out of wedlock; promiscuity; and fears of, as well as actual sexual molestation of children. Three co-researchers specifically discussed problems in relating sexually with their partners. Susan talks about her sexual relationship with her husband:

> The relationship was terrible. . . .For a whole year after [my son] was born, I didn't have sex. The only way I would have sex was if I got drunk. And then, I would go through these times where I was really, really into it. . . .I would switch into a promiscuous kind of place. . . .I call it my whore place. . . .And I'd just go back and forth.

Isobel also experienced difficulties in relating sexually with her lover:

> The sexual relations between my partner and I were really breaking down over a period of about a year-and-a-half. I had always been, before I was with R., quite promiscuous. And then even since being with him, without his knowledge, once in a while, have been so. . . .I was afraid to get close to R. . . .My forays with other men were a way of me not getting too close to him. . . .So I was distancing myself from him both sexually and emotionally. . . .And sometimes I would just detest that he was touching me and I was having flashbacks.

Ghislaine says,

> Sometimes, I don't know why, I might be really irritated with C. if he just touches me and it just feels so awful. . . .Sometimes it means that I can't be touched at all. Sometimes it's like, "You can't touch my breasts and I don't know how long it's going to be, but you just can't because I won't allow it." And I think that comes from my father.

The inability to comfortably explore, enjoy, and accept their own sexuality posed problems for four of the co-researchers. Susan says, "I think your sexual identity. . .is a large part of you. And [the incest] has affected that whole area. . . .Accepting my body and who I am." Sandie describes her difficulty thus: "I wouldn't explore [my sexuality]. I refused to have any sexual contact with anybody, with a male of my own age, until this year. . . .My biggest fear was always that I'd be frigid, unable to react." It was also hard for Ghislaine to own her sexuality:

> I have a hard time believing that my body is okay. And it took me a long time to even want to see myself as sexual for myself. Like, I didn't masturbate until I was 21. I wouldn't touch myself. I really avoided myself. I didn't learn about my vagina until I was menstruating. I really cut off from myself.

It took Sylvia several years to derive enjoyment from her sexuality as well: "I took very little pleasure from my sexuality until I was well into my twenties, and I think that's something I'm still developing. Sexually, I was really immature for a long, long time."

Although three co-researchers mentioned having become pregnant out of wedlock, only two of them specifically related it to their experience of incest. Carol believes that she got pregnant at 17 in order to get attention from her father: "I swear that's why I got pregnant the first time, just to get attention from him. That was the first time he ever really showed attention to me. That was the first time he ever really cared." She got pregnant the first time she had intercourse. Because the situation was very complicated, she got an abortion. Isobel also became pregnant the first time she had intercourse at 19:

> It affected me in that, it was like I knew and I didn't know. I mean, I had gone through a biology course, but it was like this whole thing of secrecy or inability to talk about it or even to think about it in a factual way was not there for me. I don't know what it was--it was either a block in my own brain or lack of education or whatever. I just feel that the incest connects itself to that pregnancy in some way.

Isobel also got an abortion and it was at that point that she finally began "taking control" of her body. The third co-researcher, Sylvia, mentioned in passing that she had a baby at 19; however, she did not link it to her experience of sexual abuse.

Four of the co-researchers felt that having been promiscuous was related to earlier experiences of incest. Carol got involved sexually at a very early age: "I did sexual things with so many guys. . . .I always wanted it, all the time. I always wanted to do that kind of stuff. Just foreplay." After her abortion, Isobel became "quite promiscuous for a period of about four years." She says,

> I mean, not hundreds of partners, but a few partners a year, you know, two or three of one-night stands. . . .Like, meet somebody at a party and just. . .No enjoyment of it for me. It became that sex was enjoyable for men and not particularly enjoyable for women.

Sylvia also went through a period where she was sexually involved with several men: "I was very promiscuous. . . .I would often choose men who I knew somewhere along the line didn't really care about me, because that was the way I knew how to relate to men." During her marriage, Susan had many sexual relationships:

> And the other thing I did was have tons of sexual relations. . . .I've had all my sexual experiences since I was married. There's some little rules there. For H., as long as I didn't have intercourse, I wasn't being unfaithful. . . .So what I would do is I'd go off. I'd be lonely and miserable; I'd pick up somebody. I'd end up in bed with them. Never had intercourse; it would always be oral sex or something and I was usually in control again, you see. . . .Never saw people more than once, so it was like I wasn't having affairs. . . .And then, when I had kids, I cut that all off. The last time that ever happened was when I was four months pregnant. That's the only time I had intercourse, too, in all those years.

Fear of molesting children as they once had been was brought up by two co-researchers. Ghislaine says,

> One of the things I fear is that I would abuse a child. Partly, I believe that I wouldn't, but part of me thinks that it's so easy, that I could. That some part of me would switch off and I would start abusing kids. . . .It may have something to do with having been abused in a family, that I could do the same thing. That it's genetic in some way.

Carol also fears the possibility of abusing a child. She describes her feelings when she first brought her infant son home:

> For the longest time when my son was born, I couldn't touch his peter. I couldn't touch it. I didn't get him circumcised 'cause he had a problem at birth. . . .So we had to pull the foreskin back. I had to get [my husband] to do it every time. I would not do it. . . .I've always got the idea in the back of my mind that I might do it to him.

Sandie's being molested as a child led to her molesting children too:

> I became an abuser myself. I abused my brother; he's eight years younger than I am. There was a couple of incidents. I've went back and talked to him about it. And when I was babysitting, there were two young boys that I molested. And, I've felt a lot of guilt about it. . . .I'd go back and correct it if I could.

It is interesting to note that the only co-researcher to molest others was the one co-researcher molested by a woman.

As well as ascribing sexual problems to their experiences of incest, the co-researchers also listed various difficulties within relationships as being related to the incest. The co-researchers discussed problems within intimate relationships; with children; and with others, such as friends and acquaintances. Four of the co-researchers described difficulties with their partners, that were other than sexual. Carol talks about the way she is with her husband: "Sometimes, I just, I don't want to go near him. .... .I'll never forget the time I turned around to him and he said, 'You know I love you.' I looked at him and I said, 'How can you love me?'" At such times, Carol feels "undeserving" and hence, has difficulty in accepting the love he proffers. One problem in her intimate relationship which Ghislaine has linked to her experience of incest is that of her anger which she feels is misplaced: "Part of the resolution for me is being angry with my father and not being angry with the man I live with." Isobel describes how her fear of getting emotionally as well as sexually close to her lover led to "forays with other men": "I had started to associate closeness with danger. That once you got too close to people, they could hurt you and use you and abuse you." Susan talks about a very difficult time when everything her husband said and did reminded her of her father:

> Also, I went through a really funny time when I could not see them as separate. I just couldn't see them as separate. Everything, for about six months, everything that [my husband] did, he looked like my father, he sounded like him.

Relationships with children have been affected as well. Jayzze says,

> When I'm involved with kids sometimes, believe it or not, I get jealous. Sometimes I get angry when a little kid can come up to me and tell me about something that I don't know. Teach me something about cooking that I never knew or even something more personal. And it makes me angry and it shouldn't. . . .Privileges that some kids have. It's like, "How come you get to have this privilege and I never did?"

It is sometimes difficult for Ghislaine to see children:

> I see myself as a child in a child sometimes and it just brings incredible sadness. I think about being a child and not feeling laughter, not knowing joy and that troubles me. Especially in smaller children. Part of my fear in having children is recollecting. As they grow older, seeing myself in them, and having memories brought back at a time when I wouldn't be prepared to handle any of them. Or finding out that it started much younger than it did. . . .It's scary for me to trust a man as a parent. There's just a part of me that says, "If my father could do it, almost anyone could do it.". . .I don't see a way to resolve that.

Like Ghislaine, Sylvia is somewhat anxious about having children:

> I'm very protective of children that I know. And I worry about having children of my own. I think, oh, I'm going to be too protective. I'm going to be so afraid for them. I get pissed off at parents that let their four-year-olds wander down the street without knowing where they are.

The way Susan deals with her children is linked to her incest experiences, she feels: "They affect the way I handle the kids. The power stuff I got into with [my son] . . . .It affects me with [my daughter], 'cause I'm petrified that [she's] going to get into something, too. . . .I'm so scared for her. Well, I am for [my son] too." Kate is also fearful for her daughter: "They've affected the way I feel about my daughter. . . .She scares the living daylights out of me. I dont' know what to do with her. I don't know how to protect her from all these things that I know are out there." Claudette feels that it is difficult for her to separate the effects of incest from the violence and the lack of care she also experienced as a child. Therefore, all three factors may have affected her relationship with her children:

> I really started to feel violent with my kids and so I went for counseling again, because I just couldn't cope. And I think that, that was a direct result of all the stuff that I had when I was a kid. And there I was, doing this same trip. But I knew it was wrong, so I didn't do it. But I could have. I mean, it could have become the same sort of thing.

Other relationships apart from those with intimates and children have been affected by experiences of incest. Several of the co-researchers have described difficulties in establishing friendships or even socializing at a fairly casual level. Sandie

says,

> In relationships, it's hard to let a person get near me. I'm always afraid of being hurt, of being used, of being exploited. Or once I'm trusting a person, that they're going to turn around and suddenly will come this other person that will abuse you. It's really hard for me to trust [both] women and men.

Jayzze is also afraid to get close to others:

> If you're scared of somebody, you're scared of people, you're not going to talk to them, so you lose out. Like special times that come along. Sometimes I have absolutely no idea what I'm supposed to do. I miss out on it. . . .Or when you're with someone and being spontaneous. Wow. That can really do a job on your relationship. Relatives. I'm not really close to anybody.

Shelly finds that her experiences have affected her ability to trust others:

> Distrust. I have a hard time trusting people. . . .Mostly men. I have very, very few male friends. . .There's a few men that I like. Any man that I meet I dislike right away, unless they prove themselves, they prove themselves gentle, caring, and feminist-supporting. And that's a problem. That's a problem with my family. You know, just social gatherings with my family. . . .My family has male friends and how I react to those men usually isn't very good.

It was also difficult for Danielle to trust others before she went into therapy:

> I wasn't able to develop any sort of close relationship with men at all. . .I was much too afraid. I can even remember being afraid of something like dancing. That type of closeness was just too much for me. And an activity like dancing would be very anxiety-provoking.

Each of the 11 co-researchers felt that various psychological symptoms related back to their childhood experiences of incest. Symptoms which the co-researchers discussed were issues around self-image; compulsive eating; depression; and recurrent dreams. In terms of self-image, two basic issues emerged: that of poor self-esteem and of dissatisfaction with and sadness about unrealized potential. Carol describes her low self-esteem:

> I go into periods where I hate myself. . . .I also feel ugly, sometimes. Like I'll turn around and I'll go, I'll look in the mirror and say, "I'm ugly. Look at me. I've got pimples all over my face. My hair's a mess. I'm ugly."

When asked about self-image, Jayzze's reply was similar to Carol's:

> Not liking myself. Feeling ugly when I'm really down. Sometimes I feel so ugly. And I hurt. And I feel so bad. And it's like if anyone ever did the rottenest thing they ever could do to me, they did it. And I hate going through that. I hate feeling ugly, so ugly.

When asked about some of the effects of incest on her life, Ghislaine says,

> I would say pretty low self-esteem. . . .I felt really different and I felt dirty and I've never felt pretty. . . .low self-confidence. Not feeling that I would be good at anything. And when I look at it now, it seems odd 'cause I did really well in school. I had good marks and I wrote well enough to be complimented on it, but not feeling like I could do very well at anything.

Ghislaine continues to say that when she was complimented, she couldn't accept it and was suspicious of others' motives: "If a boy said I was pretty, I would take that to mean he wanted something. And so, it contorted my relationship with people because I would often see it in a sexual light." Danielle says, "My self-esteem was very low. And I had a great deal of trouble talking with people. . . .I didn't know what closeness was." Like the other co-researchers she talks about having felt ugly. She believes that her feeling of ugliness was somehow connected with the guilt she experienced when her brother said, 'Do you realize what we've done?'" Shelly's self-esteem has been affected by her experience as well:

> I don't have a good opinion of myself. I don't feel good about me. My insecurities,. . .all the negative things, all the negative patterns, that has me really dissatisfied. . . .Just feeling bad. Feeling like I'll always be rejected. . . .And to think that you will always be rejected means that you're not a good person, you're not likable.

Claudette says,

> So I think that. . .the incest has affected me, in terms that I felt ashamed of myself for a long time. I felt ashamed to talk about my family. . . .It was just hard for me to see myself as a full person somehow. Sort of hard to hold your head up, you know, when you've been through all that. And I was always trying to please people.

Sylvia's childhood experience of sexual abuse has marked her deeply:

> The sense of worthlessness that you have stays with you all your life. I mean, you get over the constancy of it, but it's always there. . . .When you're faced with problems, or you just have a bad day, you think, "Oh, I'm just worth shit.". . . .It permeates everything, I think.

Another issue related to self-image for four of the co-researchers was a feeling of having untapped potential, capabilities not developed to their highest level. The co-researchers used up so much of their psychic and physical energy in coping with their incest experiences that it was not available to them for intellectual, creative, and spiritual pursuits. Jayzze says, "I think I would have got a lot more material things done. I've been so much into my head, into groups, into therapy, into all these different things and I've missed out." For instance, she has not completed her secondary education yet and would like to go to university. Kate feels that she would have had a career instead of marrying so young: "I'm sure that I would have gone on; I wouldn't have gotten married so early. I'm sure it wouldn't have happened because I was positive in my mind what I wanted to [be]. A teacher, actually." For both Claudette and Sylvia, dealing with violence and lack of nurturing as well as sexual abuse consumed energy which might have otherwise been expended.

Claudette says,

> Having the life that I had, it squelches everything. You're so caught up in what's going on in that home life that it just sort of dulls everything. All your experiences with other people. . . .It's culturally depriving, intellectually, creatively, everything. . .because you're just so wound up and under so much stress that I don't think you even see what's happening.

Sylvia talks about her dissatisfaction with the fact that so much of her energy is taken up working through issues related to experiences of sexual abuse as well as lack of parental support and love:

> I think if I'm dissatisfied, it is with the knowledge that this is a constant, that you're going have to waste a lot of time and energy just working through this bullshit. And it angers me that I don't have more of that time and energy for other things. . . .The times when [I've sat] and thought, "Gee, if I had a normal childhood I might have really become a good violinist, I mean, I might have had the opportunity. I might have been able to go to university earlier and be farther advanced in my career."

Four of the co-researchers felt that their compulsive eating had something to do with earlier experiences of incest. Sandie ate in order to control her feelings: "A lot of the times, I ate to keep feelings down. Instead of concentrating on what I was feeling, I'd eat and get myself so full that I wouldn't remember anything. . . .I used to eat because of isolation." Sandie began to attend a weight program called Overeaters Anonymous which helped her to lose 80 pounds. Although pleased with the results, she was also frightened at first because men were becoming attracted to her and she didn't know how to respond in a way that felt safe. Sandie thus became more fully aware of how her fat had served her--to keep others, especially men, away and so, not to have to deal with her sexuality. Susan also ate to keep feelings down. After a significant weight loss, she became aware of how she tends to see herself largely in terms of her sexuality when she is thin. However, when she is overweight, she feels maternal rather than sexual and this allows her to interact more comfortably with men. For reasons similar to Sandie's and Susan's, Danielle also overate:

> I've always struggled with my weight. I would say these incidences [of incest], particularly the second one, have been a factor in that. Particularly when I was adolescent, became aware of my sexual feelings and that type of thing, I believe that I really had a need to make myself not sexually attractive. Keep people away, men away.

It was her compulsive eating which first led Isobel to a psychologist:

> I was trying to look for reasons for the eating--you know, why I was eating. And I had always maybe thought that it had something to do with my anxiety about having been involved in an incest relationship. . . .I was just looking for the problems that I had in life that had never been resolved and [the incest] was

the big one.

Six of the co-researchers linked experiences of depression to the incest. Susan became depressive as an adolescent. She went to a psychiatrist who gave her an antidepressant:

> [My father] never liked [the psychiatrist]. He only let me see him because my mother insisted. . . .[Also] going back to an interview to my family doctor and him reading from the notes, I guess, and saying three things could happen to me. One is I could just naturally recover. I mean, I might just get through this. The other thing that would happen was that he felt that and it seemed like a stronger possibility, I'd end up in the psychiatric, which just freaked my parents out. Or the third thing is that I'd end up killing myself. And so my parents. . ., it didn't leave them too many options. . . .So I got to go see this guy.

Jayzze talks about a difficult period when she lived in a group home in her late teens:

> They still had me on drugs and I was still really slowed up. I had a hard time figuring out anything, feelings. . . .I found out today that I have the Premenstrual Syndrome. Before my period I'd get really down, so down. Anything could happen, I'd just fall apart. And when I was in the group home, that would happen everyday. Every day, it was like that.

Danielle first went into therapy for depression at 23 when her mother died suddenly. She feels that she had actually been depressed "just about [her] whole childhood." Now, she experiences depression only after a crisis, at which time she awakens in the middle of the night, has difficulty sleeping, cries easily, and lacks the energy to initiate anything. Carol feels that her depressive feelings are one of the effects of incest upon her life:

> I go into periods of depression. . . .Lately, ever since [my son] was born and ever since all of this stuff has come up, I can't put makeup on my face. It's like I don't want to be pretty. I don't want to comb my hair in the morning, I want to be ugly. And I go into periods where I just don't care about myself. I won't even take a shower. I want to stink. I want to look ugly.

Sylvia still experiences depression occasionally, even though she has spent a lot of time exploring issues around her sexual abuse:

> I still have depression, severe depression, that I have to pull myself out of, because of that feeling of utter worthlessness that I had. And that I had for years and years and years. [My stepfather] convinced me that I was utterly worthless, that I belonged in the gutter, quote, and all of those kinds of things. So, that, I don't think, will ever go away. I work at it quite a lot. I'm better at depressions now. I used to be suicidal.

Claudette feels that the depression is related to her childhood experience of violence, as well as the incest. She also discusses a possible genetic predisposition to depression:

> That's always been a problem for me, is my own violence. I'm really angry. And that's why I get depressed. It's just turned inside. . . .I'd rather be depressed than to take that anger out on someone. . .Dr. W. said that I have the type of depression that is chemical in nature. It's not really anything that I have any control over. Like, my grandmother had it. . . .It's an imbalance in the chemicals

> in your brain and the best way to look after it, to make it easier for you to cope, is to take these antidepressants.

Not too long before the interview, Claudette tried to go off the antidepressants under the supervision of a therapist, but experienced very bad anxiety attacks, became severely depressed, and hallucinated. Finally, it got so bad that she got back onto her medication. She is able to function normally that way. Of the six co-researchers who described periods of depression, three discussed being on medication at some time, and only Claudette mentioned probably needing to be on it permanently.

Three of the co-researchers listed dreams and flashbacks as effects of incest, which they continue to experience. Carol's recurring dreams relate to what is a central theme for her, that of not being heard, of being silenced. She also has flashbacks of an incident involving her father. She was taking a shower when she discovered him watching her through a hole in the curtain:

> All of a sudden, I seen my dad's eye. And that is scary. . . .That's pretty spooky, to see your dad's eye, sitting in that little hole. And every once in awhile, I just sit back, like with a flashback, actually looking at that hole and seeing that eye. That's spooky. That's just like seeing something in a scary movie.

The flashbacks which Isobel experienced interfered in her sexual relationship with her lover: "The sexual relations between my partner and I were really breaking down over a period of about a year-and-a-half. . . .What started happening was that I was really tense when we were having sex, and I was having flashbacks." Ghislaine describes dreams which "haunt" her: "And they're not regular. They're not frequent dreams, but I've had dreams where my father attempts to rape me. I've had dreams where I imagine what could have happened and that kind of stuff affects me still."

D. Professionals

For purposes of this study, the term professionals includes teachers, school counselors, ministers, and doctors, as well as psychologists, psychiatrists, and social workers. Of the 11 co-researchers, six saw a psychiatrist, psychologist, or social worker. Five co-researchers spoke to a counselor either at school, at university, or in a group home. One co-researcher spoke to her minister and another, to her family doctor. Eight of the co-researchers went to a group for incest survivors at the Sexual Assault Centre at least once. Six of the co-researchers went to more than one professional, not

counting the Sexual Assault Centre. Seven of the co-researchers felt that they had been validated by at least one professional. That is, the professional had helped them to see that they were not to blame, that the responsibility was the offender's. For example, Sylvia had always felt that she should have been able to prevent the sexual abuse; "[I] started seeing a psychologist who made me do lots of role-playing. I think what she convinced me was that I had intellectualized it very well indeed." What the psychologist did was to have Sylvia play the role of herself as a child. This allowed her to re-experience her helplessness in the face of an adult's demands and to let go of her feeling of responsibility. Sandie also has positive feelings about the psychologist she saw:

> I talked to her about my sexuality and stuff. But, at that time, I still couldn't understand a lot of it because I was just on the verge of taking a look at the [incest] experiences, so I couldn't understand a lot of these fears. . .She made me realize that, my biggest fear was I thought I was insane. For all these years, I thought I was insane.

Four of the co-researchers felt that they were not validated by the professionals they saw, that is, their feelings about their experiences were not acknowledged. For instance, Carol describes a session with her high school counselor who had been helpful otherwise:

> In grade 11, I finally got up the nerve to talk to my counselor about it. And I said, "This has happened. I want to go see a psychiatrist." She said, "You don't need one. You're fine. You can talk about it."

Ghislaine had an unsatisfactory experience with a counselor at the university: "He was focusing more on what I could do to expose it or to settle it, than to deal with me." Sensing that the counselor was more interested in discussing how she should confront her parents than in inquiring into how she was feeling, she decided not to return.

Two of the co-researchers underwent an even more negative experience: they were blamed for the sexual abuse. When Sylvia told her family physician about the sexual abuse at 16, he referred her to a psychiatrist. She went to the psychiatrist once:

> The psychiatrist was not helpful at all and told me that this wouldn't happen if I did better in school. . . .And so, I realized at that point that the psychiatrist was not going to help. . . .I have the feeling now that, in some way, I blamed myself because of the attitude of the psychiatrist.

Danielle also feels that the psychiatrist she saw was not helpful in relation to her incest experience, although she believes that he helped her in other ways:

> I realize that the psychiatrist encouraged me to take responsibility for what happened to me. And I realize that that doesn't even make sense, that it's illogical for a five-year-old girl. He helped me a lot, but I just feel this one issue,

> that if anything, it increased my guilt, it didn't alleviate my guilt or help me face it.

Of the eight co-researchers who went to the group for incest survivors at the Sexual Assault Centre, seven found the experience helpful in some fashion. For Sandie, talking about her experiences allowed her to let go of fears she had carried most of her life. Ghislaine, Shelly, and Isobel felt that being in contact with women who had some understanding of sexual assault was important. Kate believed she had learned two important things at the Sexual Assault Centre: that she is normal and that her "case is not so bad." The only co-researcher who didn't benefit from the group at the Sexual Assault Centre found it too chaotic and disorganized for her. She felt that she couldn't do any work there and did not return.

It is interesting to note that several women did not deal specifically with the incest until their most recent therapeutic relationship. Some of the co-researchers had been blamed upon revealing it. Another co-researcher, Claudette, said that she had brought up the incident of incest in almost every therapeutic relationship. She felt that no one had specifically dealt with it because it was simply seen as part of a larger problem--that of a dysfunctional family. Jayzze went through many professionals before she revealed the incest. Although it was evident by her behavior that she was deeply troubled, no one explored the possibility of sexual abuse with her. Instead, she was hospitalized, drugged, and given a series of shock treatments.

In summary, all of the co-researchers felt that exploring their experience of incest was a necessary step in learning to understand themselves and regain control of their own lives. Speaking with other women who had experienced sexual assault was considered equally as important as individual therapy for some of the co-researchers. Danielle discusses the importance of finding the right therapist.

> It's so important who you do get to talk to. It's too bad there couldn't be some way that a woman could know before she went into counseling who will the good ones to go to on this particular issue. [Therapists] have a great deal of influence, I think, on a person's attitude."

E. Experience Resolved and Overcome

In response to the question "Has the incest been resolved?", only one co-researcher responded that it has been, completely. Through therapy, through recollecting the incidents and talking about them, Danielle feels that she has worked through her experiences satisfactorily. For the other co-researchers, resolution of their incest experience is as yet incomplete. Carol, Sandie, Shelly, Ghislaine, and Isobel still have to deal with issues around their families--confronting them, and working through feelings about them, especially anger. Isobel also has to work through fears related to sexual and emotional intimacy with her lover. Jayzze is still learning how to interact appropriately with people. Kate feels that her father has more power now than ever, as her whole life is changing. In order to resolve her experiences she feels that she has to get out of her marriage: "I'm going to take a whole new fork and basically start over again and build on what I am instead of what I should be." Although Claudette feels that her experience of incest has been mostly resolved, she still feels "some of the shame and bad feelings." Both Sylvia and Susan have resolved many issues around the sexual abuse; however they feel that there are always going to be related issues which come up and must be dealt with.

To the question, "Do you think that the effects of incest will be completely overcome in your life?", two co-researchers answered affirmatively. The other nine co-researchers felt that those effects can never be completely overcome. Danielle feels that the effects of incest do not affect her in a negative way any longer. She has a good relationship with her husband and children and feels satisfied with the way things have worked out for her. While Jayzze believes that the experiences of incest can be overcome, it is something she is still striving for. Although she strongly feels that she "owes" herself a happy life, she is "still hurting and angry."

Carol believes that the "pain'll never totally go away"; her father took a "chunk" out of her life. She feels that she will never forgive her parents for not letting her talk and her mother for leaving her alone with her father the second time. Sandie feels that she has been exposed to something which has given her a different perspective on things. Similarly, Susan feels that because of her "awareness," her reactions will always differ from others in certain instances. Shelly believes that some of the "results" of her incest experience will always be with her. Even changes and patterns that she chooses to

implement may be a result of her original experience. Ghislaine feels that the effects of incest will diminish with time, but that they will continue to plague her because they've become a part of what she is. She will continue to contend with them and this will enable her to grow. Kate does not feel that the effects of incest can be completely overcome. Likening it to alcoholism, she says, "It doesn't matter what I do. I'm always an incest victim. I may have survived the victimization, but I'm always a victim." Isobel believes that her sadness for what could have been will never go away; however she feels that she needn't be completely overwhelmed by it. When asked whether the effects of incest can be overcome, Claudette replies, "The incest, lack of care and violence has put me where I am right now and that's someone who is overwhelmed with all that." Nor does Sylvia feel that her experience of sexual abuse can ever be completely overcome:

> Because in my case,. . .the psychic damage is very comprehensive and I don't think it's anything you get over. It's damage. You've got scars. You've got baggage and I work hard at getting rid of as much baggage as I can, but I'm also always amazed at how much you've got. You get so relieved and you congratulate yourself about getting rid of that and you turn the corner and there's another pile. And that's been healthy for me. At one point, I thought, I'm going to get over this. I'm going to be a normal human being." You can let yourself in for a lót of disappointment, really, if you think that. I think it'll be there till my dying day. It's always there.

V. Discussion

The main objective of this study was to explore the meaning 11 co-researchers ascribed to a childhood experience of incest. This chapter will present an exhaustive description of the meaning of incest (Colaizzi, 1978) based on themes emerging from the co-researchers' descriptions of their experience. As well, findings of the present study will be discussed in light of related research. Finally, the limitations of this investigation will be considered.

A. Exhaustive Description of the Meaning of Incest

For the 11 co-researchers in this study, incest was considered to be a negative experience. The only positive aspects were the results of having dealt with it. Incest usually consisted of fondling of the genitals, but also included other forms of molestation such as exposure, oral sex, breast fondling, and sexual intercourse. The abuser was male (with one exception), and usually the father or brother. The co-researchers were between 3 and 12 years of age at the onset of the incest, but usually between 6 and 10 years old. Duration ranged from a single episode to eight years, the majority of co-researchers having been involved from five to eight years.

Many feelings accompanied the experience of incest; however, the most common were those of fear, anger, guilt, hurt, confusion, and sadness. Strategies were implemented to cope with the incest itself, as well as with feelings arising from the experience. Of the strategies devised to deal with the feelings, some were socially acceptable behaviors such as reading, spending time with friends, using their intelligence, daydreaming, and achieving scholastically. Other strategies were socially or personally undesirable--contemplating suicide, isolating themselves from others, cutting off from feelings, overeating, taking drugs, rebelling, and feeling superior. Factors which were unhelpful while the incest was taking place were the co-researchers' sense of responsibility for family members and their ignorance of sexual matters. The effects of incest included problems with sexuality and relationships, as well as psychological difficulties. The problems related to sexuality included sexual problems within intimate relationships, difficulties in coming to terms with their own sexuality, pregnancy out of wedlock, promiscuity, and fears of, as well as actual molestation of children. Those

difficulties having to do with relationships were the following: problems within intimate relationships, with children, and with others, for example, friends and casual acquaintances. Psychological problems included difficulties with self-image, chiefly in terms of self-esteem and feelings of being unable to fulfill personal potential, compulsive eating, depression, and flashbacks, as well as recurrent dreams.

The co-researchers saw professionals about the incest. These professionals were either psychologists, psychiatrists, social workers, counselors, ministers, or doctors. Most of the co-researchers attended a group for incest survivors. Half of them saw more than one professional. While half of the co-researchers felt validated by some of the professionals they saw, slightly under half of the co-researchers had experiences in which they felt not validated or blamed for the incest experience. Most of the co-researchers indicated that they had not completely resolved their incest experience and felt that it cannot be completely overcome.

B. Discussion of Findings

Coping Strategies

When asked to respond to the question, "How did you cope [with your incest experience]?," the co-researchers were not given a definition of the term "cope." Rather, they brought their own meaning to it. From their responses, it became clear that coping strategies included both negative and positive processes. It also became evident that these processes could be both effective and ineffective in dealing with the incest. Positive coping strategies, for example, could be effective in dealing with the feelings aroused by the incest, but ineffective because they did not stop the incest and also because they made detection of the incest difficult. For example, working to achieve scholastic success might have allowed Ghislaine to forget about her experiences for a time and also presented the opportunity to receive positive feedback and, thereby, enhance her self-esteem. However, scholastic success did hot prevent the incest from occurring, nor did it serve as a signal to others that something untoward was taking place in her life.

Negative coping strategies could also help in dealing with the feelings arising from an incest experience, as well as point to a serious problem. However they would, in all

likelihood, lead to social disapprobation, as well as be deleterious, at some level, to the individual. For instance, Jayzze's becoming introverted, running away, "breaking and entering," and "slashing" helped her to deal with her pain, and also pointed to severe difficulties. People were made aware that something was amiss; had they been informed individuals, her coping strategies would probably have led to earlier detection of the incest. Jayzze's coping strategies were ineffective, however, in that they alienated her from others; she became known as a "crazy person."

Evaluation of the coping strategies which the co-researchers used must consider much more than whether they were positive or negative. It must "take into account diverse levels of analysis (physiological, psychological, sociological), the short- versus long-term consequences, and the specific nature of the situation in question" (Monat & Lazarus, 1977).

What Was Unhelpful

The major theme which came forth from the co-researchers' replies to the question, "What was not helpful to you whilst the experience was taking place?" was that of a feeling of responsibility for other family members. Two co-researchers believed that they were responsible for keeping the family together. This belief took root as they helped with household tasks, took care of siblings, and intervened in parental quarrels, as for example, in Claudette's case. Daughters in Herman's study (1981) also believed that they were responsible for holding the family together because of "their special roles as little mother or as father's consort" (p. 80). Two of the co-researchers felt responsible for the offenders. Susan believed that she had to meet her father's needs and Isobel, that she had to protect her brother from her parents' anger, especially her father's. Butler (1978) discusses the fact that as a result of incest, "Many young female victims learn at an early age to subordinate their needs to the needs of others more powerful than they" (p. 43). Four of the co-researchers felt that they had to protect their mothers from the knowledge of incest. They believed that they had to keep the incest a secret not to break their mother's heart, not to upset her, and because she was ill or weak and vulnerable. Mrazek and Bentovim (1981) use the idea of family myth to address this point. (A myth represents a shared meaning in the family.) The idea that the mother in the family is weak

and vulnerable and so must be kept from the truth is a common myth in incestuous families (Mrazek & Bentovim, 1981). Evidently this myth is sometimes shared by the mothers as well as those directly involved in the incest. For instance, Sylvia told her mother about the sexual abuse when she was 18 or 19; her mother replied that she had known about it. However, she hadn't done anything to stop it from happening. In incestuous families, the sense of responsibility is misplaced. Whereas responsibility for nurturing and keeping the family together is in the hands of the parents in an intact family, the reverse is true in an incestuous one. That is, in the latter, the daughters are the ones expected to be responsible for other family members (Meiselman, 1978).

The second theme which arose from the co-researchers' descriptions was that of ignorance of sexual matters. That lack of sex education was deleterious for them was discussed by three co-researchers. Not knowing about sex meant that they didn't know whether the incest was a normal event in families. Moreover, even if they experienced discomfort, they were unaware that they had the right to object to what was happening to them. As well, they didn't know to whom or where to go with their secret. Herman (1981) writes that until the family is radically transformed, the best chance of preventing sexual abuse lies in consciousness raising among potential victims. Sex education starting early in elementary school will provide children with necessary information on sex and sexual abuse. It is essential to deal with the issue of people's right to their own bodies and to provide information about resources available to them should sexual abuse occur in their families (Herman, 1981). However, until sex education becomes mandatory, children most at risk are also the most likely to be excluded from these classes. Since the offenders benefit directly from their children's ignorance of sexual matters and sense of powerlessness, they are not interested in their being provided with information outside of the home.

Long-Term Effects

All of the co-researchers described their incest experience as at least partially negative and discussed long-term effects related to it. While not all researchers agree that an incest experience will necessarily have negative consequences (Rascovsky & Rascovsky, 1950; Yorukaglu & Kemph, 1966), the consensus among researchers and

therapists is that it does have long-lasting effects (Brickman, 1984; de Young, 1982; Herman, 1981; Meiselman, 1978). Moreover, a single episode seems to result in long-term effects as pervasive as those of repeated occurrences. This is perhaps because of the fear attached to both types of experiences. Whether they are repeated or not, there is always the fear that it could happen again, and that nothing could be done to stop it. These long-term effects fit into three categories: those pertaining to sexual difficulties, those having to do with problems within relationships, and those related to psychological problems.

The long-term effects most frequently observed in Meiselman's (1978) study of incest were those related to sexual problems. In the present study, the co-researchers discussed various sexual difficulties: problems in relating sexually within intimate relationships; difficulties in coming to terms with their own sexuality, pregnancy out of wedlock, promiscuity, and fears of, as well as sexual molestation of children. In terms of difficulties with sexual intimacy, co-researchers discussed either not wanting sex at all or wanting it very frequently, and having difficulties in sex because of flashbacks and fears of intimacy. In her study of father-daughter incest, Herman (1981) found that over half (55 percent) of the women discussed problems in enjoying sex: "Many of the informants reported that their pleasure in sex was minimal or even entirely absent. The memory of incest was intrusive and often paralyzing. . . .Others so thoroughly associated sex with the feeling of being dominated and controlled that they were unable to relax" (p. 105).

Problems with sexual identity and inability to enjoy their own sexuality were discussed by the co-researchers. These problems were evident in sexuality in relationships as well as in the context of the highly individual, personal, and private aspects of sexuality. Courtois and Watts,(1982) list sexual identity complaints as one of the problems of women clients who experienced incest. Brickman (1984) writes that one of the consequences of incest is that "females are deeply and seriously alienated from the one piece of territory every human being possesses, her own body" (p. 66). Most of the research, however, does not tend to discuss the difficulties women have in coming to terms with their sexuality "for themselves." Rather, the focus is on difficulties in their relating sexually with their partners. This is perhaps because, as Brickman (1984) suggests, "[T]he only criterion for damage to women is in their roles in relation to men,

[therefore] the problems of legitimate concern about incest are those which turn up in the sexual area: promiscuity, frigidity, lesbianism" (p. 55).

Two of the co-researchers listed becoming pregnant as adolescents as one of the effects of their incest experience. They related their pregnancy to a desperate bid for attention from their fathers; and also, the inability to talk or think about sex "in a factual way." However, the literature discusses only "repeated illegitimate pregnancies" as long-range effects of incest (Malmquist, Kiresuk, & Spano, 1966).

Four of the co-researchers described periods of promiscuity in their lives, which they linked to their incest experience. Many researchers list promiscuity as one of the effects of incest (Courtois & Watts, 1982; de Young, 1982; Herman, 1981; Meiselman, 1978; Steele & Alexander, 1981). Although various hypotheses have been forwarded to explain promiscuity, de Young's suggestion that incest victims engage in promiscuous behavior in an attempt to meet needs for affection and nurturing most closely approximated the co-researchers' appraisal of their own behavior. For instance, Carol discusses having done "sexual things with so many guys" in order to get the attention and affection she needed, especially from her father. Susan talks about picking up somebody when she was "lonely and miserable," and Isobel, having two or three one-night stands a year. Similar to Carol's, these encounters seemed to be attempts to get attention and nurturing. Sylvia chose men that she "knew somewhere along the line" didn't care about her; this paralleled her relationship with her stepfather. Just as she had so hoped for his affection as a child, she may have sought attention and affection from the only men she knew how to relate to, that is, men similar to her stepfather.

Two co-researchers discussed the fear of sexually molesting children, while a third co-researcher actually did. Steele and Alexander (1981) write that, "Anxiety over the tendency toward generational repetition is not uncommon" (p. 230). However, this anxiety does not match the fears expressed by the co-researchers. Whereas the co-researchers fear molesting children themselves, Steele and Alexander (1981) describe incest survivors' concern lest their fathers molest their actual or future daughters. They also have similar concerns about their husbands.

Meiselman (1978) discusses an unexpected finding in her psychotherapy sample: "[I]n at least three cases the incestuous daughters had molested other children during or

shortly after their incest experience" (p. 192). One of the co-researchers in this study molested two boys she was babysitting and her brother, as well. Meiselman's explanation that the "girl's premature experience with adult sexual techniques had led her to misjudge the appropriateness of such activities with other children" (p. 192) does not seem to fit completely with Sandie's experience; she experienced a great deal of guilt over what had happened, which led to her taking drugs. It is perhaps more likely that, even though aware of the inappropriateness of her behavior, she was exploring her burgeoning sexuality or seeking affection in a situation which felt relatively safe for her, given her "fears of men and then, the mistrust of women, also."

Four of the co-researchers in this study mentioned having experimented with or become involved in homosexual relationships. However, since none of them related their lesbian encounters as effects of childhood incest experiences, I did not present these findings in Chapter IV. (As a matter of fact, two of the co-researchers waited until the tape recorder was off to talk about their lesbian experiences.) Research (de Young, 1982; Herman, 1981; Meiselman, 1978) indicates that a minority of incest survivors explore lesbian relationships. In de Young's (1982) study, the 10.4 percent who were lesbians felt they had consciously chosen their sexual preference and had come to it because of their childhood incest experiences. Herman (1981) discusses the desire for female nurturance and mutually satisfying relationships that incest survivors hope will develop within a lesbian relationship. Of the four co-researchers, one engaged in homosexual encounters very briefly at about the age of 20. She described it as a "weird time" for her. She has subsequently been involved only in heterosexual relationships. Another co-researcher became aware of her lesbian orientation at about the age of 16. She considers herself a lesbian and feels it is simply a sexual preference. The other two co-researchers had been involved in lesbian relationships, but had subsequently decided to return to a heterosexual lifestyle.

Difficulties within relationships were also listed as related to childhood incest experiences. Problems within intimate relationships, in relationships with children, and with others were discussed. Within intimate relationships, the co-researchers described such problems as inability to accept the nurturance and love expressed by their partner, fear of emotional closeness, displaced anger, and over-identification of their partner with their

father. Research indicates that incest survivors have problems within intimate relationships (de Young, 1982; Herman, 1981; McIvor & Evans, 1983). de Young (1982) writes that "Since [the incest survivors'] own relationships with their fathers were poor and abusive, their heterosexual relationships are likely to take on the same quality" (p. 57). With the co-researchers, it seems that intimate relationships, even with supportive partners, are difficult.

Six of the co-researchers discussed problems regarding children. Difficulties which they mentioned were the following: "jealousy" of children with intact childhoods, seeing themselves in children and so reliving their experiences, worrying about having their own children for fear of being overprotective, difficulties in handling the children in terms of discipline, fear for their children's safety, especially that of their daughters, and concerns about being violent with them. Steele and Alexander (1981) write that "[M]any sexually abused victims are ambivalent about their ability to be good parents and about their own parenting methods" (p. 231). This corresponds with Susan's experience: "[The incest experiences] affect the way I handle the kids, the power stuff I got into with my son." Herman (1981) states that many of the women in her study were fearful of not being able to protect their daughters from sexual abuse and did not trust even their husbands and lovers around their daughters. The fear of not being able to protect their actual and future children was expressed by three co-researchers. None of the research discussed difficulties in relating with children due to "jealousy" or because it triggered memories of childhood incest experiences.

Difficulties in relating with others apart from intimates or children were discussed by four researchers. The problems in maintaining friendships or even establishing acquaintances were related to a perceived inability to trust others. This distrust probably stemmed from childhood betrayal by significant others. Various researchers (Herman, 1981; Steele & Alexander, 1981) describe incest survivors' difficulties in establishing and sustaining satisfying relationships with others, owing to a basic lack of trust.

As well as sexual and relationship difficulties, the 11 co-researchers mentioned psychological problems which they believed were related to their childhood experiences of incest. Seven of the co-researchers discussed poor self-esteem as one of the difficulties related to their self-image. Low self-esteem included self hatred and feeling

ugly, feeling different and that they weren't good at anything, feeling that they would always be rejected, and feeling deeply ashamed and worthless. Courtois and Watts (1982) indicate that many of the women clients who experienced incest have a "very negative self-image, have a sense of being different and distant from 'ordinary' people, have a sense of being powerful in a malignant way, express self-hatred, and are depressed and anxious" (p. 276). Herman (1981) writes that of the informants in her study, "All, without exception, felt somehow branded or marked by their experiences" (p. 96). Other researchers (de Young, 1982; Steele & Alexander, 1981) also mention poor self-esteem as one of the effects of childhood sexual abuse.

Four of the co-researchers felt that another problem related to self-image was that of undeveloped potential. In an article called "Why Aren't There More Creative Women?", Hudson (1983) writes that in order to be creative, people must have the right to their own feelings and also, feel that they are in control. She continues to say that women are taught the opposite, that their feelings must be subordinated to those of others and that they are not in control. (This is especially true for women who have been abused.) Therefore, unless they decide to own their feelings and control what they are doing, women will have difficulty in being creative. Each of the four co-researchers experienced feelings which were invalidated and also described themselves as feeling that they were not in control. The energy consumed in combatting these feelings of invalidation and powerlessness was, therefore, not available for creative purposes. As Claudette says, "It's culturally depriving, intellectually, creatively, everything."

Another psychological problem discussed by four of the co-researchers was that of overeating. Overeating served to control feelings, and to keep men from being sexually interested. Meiselman (1978) discusses the fact that 31 percent of the incest survivors in her study were obese or had been as adolescents, as compared to about 20 percent of the control group women. She suggests that "[T]he small difference between the groups may be due to a specific connection with incest or to chance" (p. 200).

Depression was linked to their incest experiences by six of the co-researchers. Herman (1981) writes that 60 percent of the women in her study "complained of major depressive symptoms in adult life" (p. 99). Other researchers (Courtois & Watts, 1982; Steele & Alexander, 1981) also list depression as one of the features commonly seen in

women who have experienced childhood incest.

Three of the co-researchers described flashbacks and dreams which they felt related to their incest experiences. These flashbacks and dreams interfered with their sexual relations and caused them considerable discomfort. de Young (1982) writes that 48 percent of her sample of incest survivors "have experienced 'flashbacks' to their incestuous victimization immediately before, during, or immediately after relations with their partners" (p. 61). The occurrence of flashbacks is also mentioned by Herman (1981) and McIvor and Evans (1983).

Professionals

Since only women who had access to counseling were considered for this study, all 11 co-researchers had seen professionals. Few of the professionals inquired as to the possibility of incest in their clients' lives. Herman (1981) believes that "Questions about sexual abuse should be incorporated into any clinician's ordinary history-taking. . . .If clinicians decide not to question routinely about sexual abuse, they should at least be aware of certain indications that make such questioning imperative" (p. 178).

When the co-researchers did reveal incestuous experiences, four of them stated they did not feel validated by the professionals they were seeing. Many professionals are uncomfortable with problems of sexual abuse (Mrazek, 1981; Steele & Alexander, 1981). Their discomfort causes them to either avoid bringing up the issue or to brush it off when their clients mention it. Mrazek (1981) discusses the importance of professionals understanding the issues around incest and being aware of their own feelings and values toward sexuality. As well as not being validated, two co-researchers were actually made to feel responsible for their incest experiences. Brickman (1981) writes that in traditional therapy where "what is male is the norm, women are often not taken at their word in therapy while men are" (p. 54). Being disbelieved or blamed exacerbates the feelings of guilt and responsibility that women having experienced incest already feel. This was the case for both Sylvia and Danielle.

Several of the co-researchers discussed the importance of speaking with other women with similar experiences. The value of group therapy for women having experienced incest has been discussed by several therapists and researchers (Butler,

1978; Herman, 1981; O'Hare & Taylor, 1983). Herman (1981) writes that group therapy has several things to offer:

> [It] offers patients the opportunity for a fuller resolution of the issue of secrecy. . . .[It] also offers a fuller opportunity for the resolution of feelings of guilt and shame. . . .Within the group, patients [who are ready to confront family members] can clarify their goals, anticipate reactions, and learn from each other's experiences. . . .Finally, group therapy diminishes the humiliation of the patient role. (p. 194-195)

Experience Resolved and Overcome.

Ten of the co-researchers felt that their experience of incest was not completely resolved. Concerns about their families of origin remained to be dealt with for five of the co-researchers--whether or not to confront family members and also, the necessity of working through feelings about them, especially anger. Herman (1981) writes that confrontations "have the potential for great benefit to the patient, and also for harm" (p. 192). The possible benefits of confrontation are that the women having experienced incest no longer carry the burden of their secret and that the parents of other children at risk will be warned. The disadvantages are that the incest survivors do not often get the desired response from their families. Herman (1981) maintains that incest survivors should examine their own motives and goals, as well as anticipate and prepare themselves emotionally for the reactions they will get, before proceeding with the confrontation. Although the co-researchers had yet to confront their families, they had already begun working through feelings about them, either in individual or group therapy. Journal-writing was another helpful technique for some of the co-researchers.

Nine of the co-researchers felt that the experience of incest could not be completely overcome in their lives. However, even though they felt that some of the effects of incest would always be with them and sometimes felt overwhelmed by them, they were determined to "contend" with them and to "grow."

C. Limitations of Investigation

The limitations of this investigation can be ascribed to the sample, the generalizability of the data, the inability to establish a causal relationship between incest and long-term consequences, and the instrument used to collect the data. Since the sample of co-researchers was obtained from women in therapy, it is a "skewed,

nonrepresentative sample" (Meiselman, 1978, p. 32). It is even further self-selected in that it consisted only of women who chose to discuss their incest experiences. In order to make certain of the ethical treatment of a sensitive issue for the co-researchers, it was considered necessary to ascertain that all of the co-researchers had already decided to explore the issue of incest and had recourse to therapy in order to facilitate that process. Although the co-researchers came from two referral sources, the groups were not mutually exclusive since some of the women who were referred by psychologists had been to the incest survivors group at the Sexual Assault Centre.

Generalizability of the results is also difficult due to the fact that the sample "included an extremely diverse population" (Mrazek & Mrazek, 1981, p. 240). That is, the co-researchers experienced different sorts of sexual abuse, were of different ages at the onset of their experience, and were molested by abusers who were related to them in different ways (Mrazek & Mrazek, 1981).

Without a control group matched "in all important respects except for the occurrence of incest," (Meiselman, 1978, p. 50) it is impossible to state that the long-term effects attributed to incest actually are specific to incest. These effects could also be due to some of the other problems which often occur in an incestuous family, such as lack of parental nurturing, or violence, for example. However, as de Young writes, "While it is true that a causal relationship between child sexual assault and any postassault behavior cannot be proven, a correlative relationship certainly can be and is demonstrated" (de Young, 1982, p. 162).

The instrument used to collect data was a semi-structured interview schedule (Appendix A). Although the reliability of the schedule was not formally established, it was considered effective in tapping the meaning of incest for the 11 co-researchers. That it was considered a valid assessment of the co-researchers' understanding of their incest experience was due to the following reasons: the schedule was utilized in a uniform way, the co-researchers responded consistently to it, and it was designed with the assistance of professionals with established clinical skills and experience in the area of sexual abuse. Moreover, in response to the last question of the interview, "Would you like to share with me how this interview was for you?", the co-researchers generally indicated that the questions were appropriate and had been relevant to most aspects of their incest

experience.

VI. Conclusion and Implications

A. Conclusion

An attempt was made in the present study to tap the meaning women attributed to a childhood experience of incest. In order to achieve this, 11 women having experienced incest as children were interviewed and the resulting data were described and analyzed using a phenomenological method proposed by Colaizzi (1978). As expected, the specific meanings women attached to their incest experiences differed and general themes emerged. The general themes will be presented in a statement of identification of [the] fundamental structure (Colaizzi, 1978) of incest: The 11 co-researchers in the study found the phenomenon of incest a negative experience leading to feelings of fear, anger, and hurt. In order to deal with their experiences of incest and the accompanying feelings, coping strategies were devised. Whether negative or positive, the strategies were always found to be both effective and ineffective. The experience of incest led to long-term consequences, some of which the co-researchers feel will never be completely overcome. In their attempts to resolve their experiences of incest, co-researchers sought the assistance of professionals, who were helpful in varying degrees.

In conclusion, the results of the present study point to the deleterious effects of incest on the lives of women having experienced it, as well as to the importance of appropriate counselling services. This study demonstrates the negative consequences to incest survivors of working with professionals who do not understand the phenomenon of incest and who have not resolved their own issues around it. The professionals whom the co-researchers felt had most helped them to deal with the incest were invariably women. Colaizzi (1978) writes that when trying to explain the meaning of co-researchers' statements, the researcher must go beyond the information given and yet remain connected with it. It would seem that if women profesionals were more helpful than males in working with issues of incest, then the former had a better grasp of the dynamics of incest, as well as their own feelings about it. The co-researchers did not specifically mention feminist therapy; however, extrapolating from the information given, I would suggest that feminist therapy is most effective in dealing with women having experienced incest.

It is the feminist perspective which provides the most satisfactory analysis of the phenomenon of incest. Whereas traditional psychological perspectives view incest in terms of pathological individuals or dysfunctional families, the feminist perspective views it in terms of a much broader context, that of patriarchy. It seems to follow, then, that a therapeutic model based on the feminist perspective will prove the most useful in working with women having experienced incest. Several features of feminist therapy seem particularly apposite in working with incest survivors: the practice of therapists sharing their values and beliefs with their clients, serving as role models for them, maintaining that social and external sources are the major sources of their clients' problems, and being committed to social and political goals.

The feminist therapist's standard practice of making her values known to her client is an especially salient feature in the treatment of an incest survivor. An incest survivor is often mistrustful of others, and with reason. But when the therapist shares her values with her client, the latter experiences honesty, directness, and invitation to equality, none of which were extended to her in her incestuous relationship.

The therapist's role as an appropriate model of womanhood is also important for the client. The incest survivor needs to experience a relationship with a woman who is strong, competent, and able to nurture her. Often, such a relationship did not exist between an incest survivor and her mother. Further, she needs a strong model to emulate, as she very often has a negative image of womanhood and hence, of herself (Herman, 1981).

The feminist stance that a primary source of women's problems is social and external can help to mitigate a client's overwhelming guilt. So often, the incest survivor believes that she is responsible for the occurrences of the incest. Once she learns about the sociological factors at play and discovers that she is one of many, many survivors, she will more easily be able to let go of her crippling guilt.

Feminist therapy's commitment to social and political goals is important to many incest survivors. When a former victim can help other women having experienced incest, whether it be on a crisis line, in a counseling capacity, or at a speakout, she actively combats the powerlessness which has permeated her life: she begins to experience personal power.

As well as pointing to the importance of appropriate counseling for incest survivors, the results of the present study indicate that working toward the prevention of incest is equally important. Before incest can be eradicated, broad social changes must take place. The family as it is presently structured must be fundamentally transformed so that both parents share equally in the nurturing and wielding of power. When parenting roles of mothers and fathers become more balanced, the likelihood of incest will diminish considerably. Daughters brought up by powerful women who are nurtured as well as nurturing will be provided with a positive image of womanhood. They will learn that their needs are as important as those of others, that they needn't deny themselves in order to fulfill the needs of others. Hence, they may become less susceptible to abuse. Should abuse still occur, they will know that their mothers are powerful and can help them. Of course, these changes will not be effected immediately.

Until they do come about, there are still things that can be done. The results of this study point to the importance of sex education for children, starting when they are very young. As was discussed in the last chapter, sex education in elementary schools will provide children with needed information in order to protect themselves and get the assistance which they might require. In order to reach all children, however, sex education must become mandatory. Compulsory sex education is still a controversial subject. Before it can come into effect, authorities must be convinced of the need for it. And once sex education is mandated, those persons responsible for teaching it will themselves have to be educated. They must explore their own feelings and values towards sexuality, as well as become familiar with the issues related to sexual abuse.

B. Implications

Implications for Psychological Research

The implications for research of the present investigation relate to the value of the phenomenological method in studying women's experience. Traditionally, psychological theory identified "'human' development with 'male' development, to which female development then [became] a series of exceptions and footnotes" (Collier, 1982, p. 31). This led to the psychology of women becoming distorted. In order to redress this

situation, research must begin taking into account the nature of women's experience. It must examine their experience as it is experienced, not as extrapolated from that of men.

The phenomenological method attempts to study experience as it is lived. It is an approach which attempts to explore such phenomena as meaning, intentionality, and experience. In order to develop an understanding of women's psychology, it is precisely such phenomena which must be investigated. Therefore, the phenomenological method can be a useful tool in the development of a psychology of women.

As well as being a useful method in helping to study women's psychology, the phenomenological approach allows for the ethical treatment of the subjects or co-researchers. In such an approach, it is possible to share the purposes of the investigation with the co-researchers. Thus, they will not feel that they have been tricked or taken advantage of. Secondly, the subjects as well as the researchers can benefit from the research. Since it is their meanings, their intentions, and their experiences which are being investigated, the co-researchers stand to learn something about themselves, to develop new insights. (That this, in fact, took place in the present study was discussed in Chapter II.)

Implications for Counseling Women.

Implications for counseling women revolve around the necessity for counselors and therapists to understand the phenomenon of incest. Counselors who use a feminist model of therapy can readily appreciate the necessity of placing incest within the context of patriarchy, and not simply thinking of it in terms of an individual and her family. As well as developing an intellectual understanding of incest, counselors must deal with their emotional reactions to it. As O'Hare and Taylor (1983) write:

> Confronted with horror (and perhaps an inadmissable sense of titillation) at the violation of one of the most important taboos in every culture, and the gross unfairness of sexual abuse of children by those who should be protecting them, the human mind seeks ways to pigeonhole or perhaps discount the unwelcome information. (p. 220)

Once counselors have become aware of the underpinnings of incest and have confronted their own feelings about the issue, they will more likely become sensitized to indications of its possible occurrence in their clients' lives. I concur with Herman (1981), that it is the responsibility of the counselor to broach the subject of incest. Should incest,

in effect, have taken place, the counselor and her client can then decide together whether it will be the focus of therapy.

It is important for the counselor to understand, however, that knowledge of the dynamics of incest and resolution of her own issues about sexuality and sexual abuse are insufficent in planning therapeutic intervention for a client. The results of this study indicate that the co-researcher's or client's understanding of her own experience must emerge before a treatment plan is implemented. Within this context, then, therapy or counseling shares a clear, common base with phenomenological research.

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Appendix A

Interview Schedule

Age
Educational Level
Marital Status
Children (Number, Age, Sex)
Information on family of origin
Occupational History
Religion (if any)

I am doing a study that involves talking with women who have experienced incest so that I can learn more about how it affects a woman's life and be able to help other women. I am interested in talking with you about your experience of incest as well as about other experiences you have had in your life. The information you share with me will be kept confidential. Would you be willing to spend some time with me to talk about yourself this way?

This is how I would like to proceed. According to The Canadian Criminal Code, incest specifically involves sexual intercourse between blood relatives. However, counselors and psychologists use the word incest to mean "any sexual activity--intimate physical contact that is sexually arousing--between nonmarried members of a family." Such a definition usually includes step-parents and foster parents in its description. The latter definition will be the one used in this study.

a. Do you have any questions about how the word incest is used in this study? How does this fit in with your understanding of incest?

Questions about Incest

a. What was the offender's relationship to you? (father, mother, brother, sister, grandfather, grandmother, uncle, aunt)
b. What was the extent of the incest? (fondling of breasts and genitals, sexual intercourse)
c. Was physical force ever used?
d. What age were you at the onset?
e. How long a period did it last?
f. Did you ever hint in any way that it ws taking place? If so, how did you hint?
g. Did you ever tell anyone it was happening? If so, who?
h. Did your mother (or non-offending parent) know? If so, how did she find out?

i. If your mother did know, what did she say to you about it? What did she do or attempt to do about it?

j. Were your siblings also involved? If so, which ones?

k. If your siblings were not involved, did they know about you? If they did know, how did that knowledge affect your relationship?

l. What did the offender say to you about what he was doing and why?

m. Can you remember the first incident? Can you tell me about it?

n. Can you remember the last incident? Can you tell me about it?

o. How did it stop?

Questions Related to Incest

a. Would you describe this experience as a negative or positive one for you?

b. Has it been resolved (worked through)? If so, how? Can you expand on that?

c. Why do you think this experience happened to you?

d. Can you identify the feelings you had when this experience occurred?

e. How did you cope (handle it)?

f. What (people, thoughts, events) helped you to survive your experience while it was taking place?

g. Did you see a professional about your experience at the time? Did you see one later?

h. What was not helpful to you whilst the experience was taking place?

i. Are you satisfied or dissatisfied with the way things have worked out? Can you expand on that?

j. If you had to re-live this experience, would you do anything differently? If so, what? How would you do that?

Questions Related to Effects of Incest

a. Did the incidence of incest affect your life in any way? If so, how?

b. If the co-researcher is unclear about the question, give examples (relationships, sexuality, self-image).

c. Do you think that the effects of incest will be overcome completely in your life? If not, why not?

If you knew of someone who was involved in incest at this moment, what would you like

to say to her?

Would you like to share with me how this interview was for you?

Appendix B

Department of Educational Psychology
Faculty of Graduate Studies
The University of Alberta

I, _____, voluntarily consent to participate in an interview with Diane Lépine, a graduate student in the Faculty of Graduate Studies, Educational Psychology Department, University of Alberta. I understand that the information I provide will be used for a Master's thesis and will be treated as confidential.

Date _____ Signed_____

Witness _____